

Comprehensive Background Check (CBC) Information Worksheet

- Program can use this worksheet however it is helpful to gather information for each staff or volunteer that needs CBC clearance.
- This worksheet is for program purposes only and should not be submitted to the NYC Health Department.

Applicant Information – Note: When completing the online form, the applicant’s name must match the identification provided at their fingerprint appointment.

First Name	Middle Name or Initial
Last Name	
Date of Birth (MM/DD/YYYY)	
Social Security Number (SSN) ____ - ____ - ____	If no SSN, Alien Registration Number
Email Address	
Phone Number	

Applicant Home Address		
Address Line 1: _____		
Address Line 2: _____		
City: _____	State: _____	ZIP Code: _____

Applicant Mailing Address (if different than home address)		
Address Line 1: _____		
Address Line 2: _____		
City: _____	State: _____	ZIP Code: _____

The following is only required when submitting a new CBC application.

Has applicant been known by any other names, including maiden name, previous married name(s), or aliases?

Yes

No

If yes, list all other names:

Has applicant lived in a state other than New York or in a U.S. territory in the past five years?

Yes. If yes, list addresses and dates applicant lived there, below.

No

In the following table, list the addresses and dates applicant lived in a state other than New York State or in a U.S. territory in the past five years.

Previous Street Address	City	State	ZIP Code	Start Date (MM/DD/YY)	End Date (MM/DD/YY)