

Background Check Information Worksheet

- Programs can use this worksheet however it is helpful to gather information for each staff or volunteer who will require a background check.
- 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)	
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: _____

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:
