Louisiana Child Care Civil Background Check Initial Request Form

This form is intended for provider/entity use as a convenient way to obtain all pertinent information from the applicant. This information must be entered online through the Child Care Civil Background Check System at https://CCCBCLDOE.la.gov.

All items marked with * are required for submission in the CCCBC System

Applicant Information

*Social Security Number: _____ *Date of Birth (MM/dd/YY): ___/____/_____

*Full Name as it appears on government identification:

_____ Last Name

First Middle Suffix

Aliases, nicknames, tribal names, including names from previous marriages:

Last Name, First Name: _____ Last Name,

First Name: _____

*Applicant's personal email address: _____

*Phone number: _____ Alternative phone number: _____

*Physical Address: _____ Mailing

Address (if different from physical address: _____

*Place of Birth (city/state): _____ *Citizenship: _____

*Marital Status (circle one): single, married, widowed, separated, divorced **Maiden Name:** _____

*Sex: _____ *Height: _____ *Weight: _____ *Photo Identification Type: _____

*Identification number: _____ Issued by (state): _____ *Expires: ____/____/_____ Hair Color:

_____ Eye Color: _____ Race: _____

Any tattoos, scars, or distinguishing marks, if so describe (include finger scarring):

_____

***Residential History for the past 5 years:**

1) From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____ Street

Address City State Zip Code

2) From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____ Street

Address City State Zip Code

3) From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____ Street

Address City State Zip Code

** Do Not Mail this form to LDOE **

The Department recommends shredding or destroying this document immediately after use.

Revised: December 29,2020