Office of the Sheriff
Parish of Orleans ~ State of Louisiana

Marlin N. Gusman
Sheriff

LOCAL BACKGROUND INVESTIGATION
City of New Orleans
Please Print and provide a copy of a current and valid ID

NAME: _____

ADDRESS: _____

_____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

Race / Sex: _____/_____

By signing this form I grant the Orleans Parish Sheriff's Office permission to conduct a Parish of Orleans criminal history check and provide the results to City or New Orleans, Parish of Orleans, Louisiana, for employment with the City of New Orleans.

Signature:_____ Date:_____

****************OPSO Response ONLY Below This LINE ********************

Reference is made to the above named subject. We have made a check by name only in the files of the Orleans Parish Sheriff's Office data base. Our findings are as follows:

City of New Orleans CCN number _____

The above named subject has _____ **as of today's date in** the Orleans Parish Sheriff's Office data base, Orleans, Louisiana.

The results of this records check was performed using data provided to the investigator. It only includes arrest history and does not include a docket search of the city of New Orleans Municipal/Traffic or the Louisiana State, Orleans Parish Criminal District Court, system. A complete background should include the processing of fingerprints through the Louisiana state AFIS system and the FBI fingerprint database. The furnished information is deemed to be complete and accurate to the extent that the information made available to this office is complete and accurate.

_____
Staff Member Name (Print)

_____
Date

_____
Staff Member Signature
Orleans Parish Sheriff's Office (LA0360000)