Val Vista Academy Background Check Application





FULL NAME:		
FIRST	MIDDLE	LAST
STREET ADDRESS:		
CITY:	STATE:	Zip:
SSN:	DOB:	
Have you been convicted of a m	nisdemeanor or felony in the last sev	ven years? □ YES □ NO
-	and disposition of offense:	•
	vill not necessarily prevent an appliced as it relates to specifics of the vol	_
with the below-mentioned comp part from Experian, Equifax, Trai information on my character, ge	CADEMY to obtain a background checoany. I understand that such information, One Source and other providence of reputation, personal characterising company used and their privacy pacom/).	ation may be derived in whole or in ders and the report may contain istics, and mode of living. One
APPLICANT SIGNATURE		DATE
Background check will be performed by Background Report, please contact: One Source 3052 Valley Ave Ste 201, Winchester, V (888) 285-3545, or online at https://www.		
		FOR OFFICE USE ONLY
		Date Submitted: BY: Approved:

Emailed volunteer to notify of status: _____