

REQUEST FOR LOUISIANA STATEWIDE CRIMINAL HISTORY SEARCH

SPECIAL INSTRUCTIONS (Internal Information Only) DO NOT FAX - POST RESULTS ONLINE

AUDIT NUMBER: \_\_\_\_\_

Facility requesting criminal history records for employment purposes pursuant to LA R.S. 40:1203.2

CLIENT INFORMATION Customer: VOA of Greater New Orleans SRC Account No.: 020664 Fax No.: (504) 617-6489 Phone No.: (504) 482-2130

As provided for in LA R.S. 40:1203.2 - criminal history information search which has been approved by the Louisiana Bureau of Criminal Identification and Information within the Department of Public Safety and Corrections, Office of the State Police.

Authorized Agent requesting search: T. J. Ostendorff, III with SOUTHERN RESEARCH COMPANY, INC. 2850 Centenary Blvd., Shreveport, LA 71104 | Phone 888-772-6952 | Fax 888-429-5604 | Email: background@southernresearchinc.com

APPLICANT OR SUBJECT OF INVESTIGATION - PLEASE PRINT (BLACK INK ONLY) OR TYPE Last Name First Name Middle Name Social Security Number aka/maiden name Date of Birth Gender Race Driver's License Number State

\*\*\* Please check box for Additional Search Requests needed \*\*\*

- MVR Search Rapid-CRIM Social Trace DL Status Inquiry OIG LA State Adverse Action List DSW/CNA: Employee Type

NOTICE/AUTHORIZATION FOR CONSUMER REPORT

In connection with my application for employment, I understand that a thorough investigation will be conducted from the files that are maintained with the Louisiana Department of Public Safety and Corrections, Office of State Police.

I acknowledge that I have signed a Disclosure and Authorization form and have received a copy of the summary of rights under the Fair Credit Reporting Act.

By providing the information requested above and signing this Notice/Authorization, I authorize such an investigation on behalf the Facility named above.

Applicant's Signature: \_\_\_\_\_ (Please Use Ink only)

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\* SEARCH RESULTS (Please do not write below this line - for official Use Only) \*\*\*\*\*

CRIMINAL RESULTS

CHECK HERE IF "NO RECORD FOUND" CHECK HERE IF "RECORD(S) FOUND" (See attached report)

It is understood, owing to the fact that no fingerprint cards were submitted, that this bureau cannot guarantee in any manner the positive identity of this record(s) being furnished to you in order that you may determine whether it pertains to the individual listed above.

Applicant listed on the National Sex Offenders Registry: YES NO

\*\*\* AUTHORIZED AGENT STAMP \*\*\*

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## DISCLOSURE/AUTHORIZATION (Employment Purposes)

### 020664 - VOA of Greater New Orleans

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In connection with my application for employment, I understand that a consumer report and/or an investigative consumer report may be requested and obtained for employment purposes on behalf of **the Company named above**. I also understand that, if I am hired, a consumer report and/or an investigative consumer report may be requested and obtained during the course of my employment.

The report may include information regarding my character, general reputation, personal characteristics, mode of living, and credit standing which may confirm or deny my eligibility for employment with **the Company named above**. The information contained in the report will be obtained from private and public record sources, including, as may be appropriate, personal interviews with sources such as neighbors, friends and associates.

**By providing the information requested below and signing this Disclosure Authorization, I authorize the Company named above to request and obtain a consumer report and/or investigate consumer report regarding me.** I also acknowledge that a facsimile or photographic copy of this signed Disclosure Authorization will be as valid as the original.

Applicant's Full Name (Please Print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_

☞ Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

