REQUEST FOR LOUISIANA AUTOMATED CRIMINAL HISTORY SEARCH

CLIENT INFORMATION		
SRC Account Number: 20955	Fax #: 318-927-9917	Phone Number: 318-927-1517
Customer: CROSS BAYOU CHRYSALIS		

Facility requesting criminal history records for employment purposes pursuant to LA R.S. 40:1300.52:

As provided for in LA R.S. 40:1300.52 - 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 Agents requesting search: **Roy R. Schultz or 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 • www.southernresearchinc.com

Authorization to Disclose Criminal History Record Information

As a new or prospective employee of the above *Facility*, I understand that a thorough investigation will be conducted of any record of past criminal activities that are maintained in the files of the Louisiana Department of Public Safety and Corrections, Office of State Police.

By my signature below, I hereby authorize such an investigation and further authorize the release of all criminal record information, which may confirm or deny my eligibility for employment with the *Facility* named above. Further, I waive such legal rights if any that I may have and do release any and all persons from the liability in connection with furnishing such information about me to the above listed *Authorized Agent* for the *Facility* with whom I am making application.

APPLICANT OR SUBJECT OF INVESTIGATION – PLEASE PRINT (BLACK INK ONLY) OR TYPE			
Last Name	First Name	Middle Name	Social Security Number - -
*** *Include Maiden name and/or previous married name(s) if applicable* *** ☞ **An additional $13.75 will be charged for each aka name and maiden name** ☜			
aka/maiden name	aka/maiden name	aka/maiden name	aka/maiden name

Date of Birth (mm/dd/yyyy)	Gender	Race	Driver's License Number	State
/ /	Male Female			

☐ Please check if **Social Security Number Trace** is needed

☞ Applicant's Signature: _____ ***(Please Use Ink only)***

Witness: _____ Date: ____/____/____

SEARCH RESULTS

Applicant listed on the National Sex Offenders Registry: ☐ YES ☐ NO

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.

DATE: ____/____/____ **RECORD CHECKED BY:** _____

**** AUTHORIZED AGENT STAMP:

REQUEST FOR LOUISIANA AUTOMATED CRIMINAL HISTORY SEARCH

CLIENT INFORMATION		
SRC Account Number: 20955	Fax #: 318-927-9917	Phone Number: 318-927-1517
Customer: CROSS BAYOU CHRYSALIS		

Facility requesting criminal history records for employment purposes pursuant to LA R.S. 40:1300.52:

As provided for in LA R.S. 40:1300.52 - 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 Agents requesting search: **Roy R. Schultz or 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 • www.southernresearchinc.com

Authorization to Disclose Criminal History Record Information

As a new or prospective employee of the above *Facility*, I understand that a thorough investigation will be conducted of any record of past criminal activities that are maintained in the files of the Louisiana Department of Public Safety and Corrections, Office of State Police.

By my signature below, I hereby authorize such an investigation and further authorize the release of all criminal record information, which may confirm or deny my eligibility for employment with the *Facility* named above. Further, I waive such legal rights if any that I may have and do release any and all persons from the liability in connection with furnishing such information about me to the above listed *Authorized Agent* for the *Facility* with whom I am making application.

APPLICANT OR SUBJECT OF INVESTIGATION – PLEASE PRINT (BLACK INK ONLY) OR TYPE			
Last Name	First Name	Middle Name	Social Security Number - -
**** Include Maiden name and/or previous married name(s) if applicable **** **☞ An additional $13.75 will be charged for each aka name and maiden name ☜**			
aka/maiden name	aka/maiden name	aka/maiden name	aka/maiden name

Date of Birth (mm/dd/yyyy)	Gender	Race	Driver's License Number	State
/ /	Male Female			

☐ Please check if **Social Security Number Trace** is needed

☞ Applicant's Signature: _____ ***(Please Use Ink only)***

Witness: _____ Date: ____/____/____

SEARCH RESULTS

Applicant listed on the National Sex Offenders Registry: ☐ YES ☐ NO

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.

DATE: ____/____/____ **RECORD CHECKED BY:** _____

**** AUTHORIZED AGENT STAMP:

Applicant Information Form

CLIENT INFORMATION	
SRC #: 20955	Customer: CROSS BAYOU CHRYSALIS

Please make a copy of applicant's Driver's License below

(FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE THE FOLLOWING INFORMATION:)
PLEASE PRINT CLEARLY

Applicant's name printed: _____
(Last Name) (First Name) (Middle Name)

Current Address: _____

City: _____ State: _____ Zip: _____

List city and state of previous residences, indicating month and year and name known as (maiden, previous married name) during that time period:

City/State	Name Known as	Month/Year (from-to)