



Ernest Freeman, III, Authorized Agency
And its Designated Law Enforcement Agency

CARE ONE HEALTHCARE
P.O.BOX 90
BAKER, LA 70704
1-225-328-0046

Email to backgroundchecks@efresearch.net or
Fax to (225) 293-7099

PRE-EMPLOYMENT SCREEN AUTHORIZATION

Select the screen:

- Non-Licensed Background Check Licensed Background Check Motor Vehicle Record

By my signature below, as a prospective employee, I understand that a thorough background check will be obtained in accordance with applicable Federal, State and / or other government regulatory agencies. The investigation may include a review of any record of past criminal activities, a security check through the United States Department of Justice's National Sex Offender Public Registry for sexually violent convictions, Department of Motor Vehicle Records and /or other required or requested records by regulatory agencies and / or Employer.

Also, Follow up investigations may be made into the available records of courts or other governmental jurisdictions, i. e. local, parish/county, other states and/or the Federal government, if necessary, to obtain files to complete an accurate history as required by State or Federal regulatory agencies or Employer. I hereby authorize such an investigation and further give permission to authorized law enforcement agencies and/or courts to release all information maintained in their files which may confirm or deny my eligibility for employment with Employer to Ernest Freeman III, Authorized Agency. The Authorized Agency will relay this information to the Employer.

Also, it is my understanding that the results of the investigation will remain confidential and that if any inaccurate information is found to exist, I will be provided an opportunity to refute, correct or otherwise clarify such information as outlined in the Federal FCRA guide, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Also, I understand that this consent gives permission for Employer to conduct additional reports during my term of employment. I acknowledge that it is a crime to provide false information to the Employer.

*****INFORMATION BELOW MUST BE CORRECT AND PRINTED CLEARLY*****

Applicant's First, Middle (Maiden), Last Name- (Print Exactly As Written on Social Security Card-or -Driver's License/ State ID)

_____ Social Security Number _____ Driver's License Number or State ID Number _____ State _____ Job Title

_____ Race Sex M / F _____ Date of Birth (mm/dd/yyyy) _____ Phone Number

Current Address _____
_____ Street Address _____ City _____ State _____ Zip Code

Previous Address _____
_____ Street Address _____ City _____ State _____ Zip Code _____ / _____ to _____ / _____
Dates (Month / Year)

I hereby agree to indemnify and hold Employer and Authorized Agency, their agents, representatives, employees, any law enforcement agency and court contacted by Authorized Agency to conduct the herein authorized investigation of my criminal history and sex offender convictions harmless from any and all damages, of whatever type or nature including court costs and reasonable attorney fees suffered by any person, including the undersigned, as a result of the investigation into my criminal history and sex offender convictions authorized to be conducted herein. I understand and agree that the investigation will be based upon a review of the State of Louisiana's Criminal History Records Database, the United States Department of Justice's National Sex Offender Public Registry, and the databases of law enforcement agencies and court systems identified above; it will not include an investigation into the criminal records of the Federal Bureau of Investigation's Identification Division Files.

Applicant's Signature Date

Signature of Administrator or Designated Representative (Witness) Date