

Authorization to Conduct Criminal Records Check, Driving History Records Check, and Credit Reports Check

(Please Read Carefully Before Completing and Signing)

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and shall not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Printed full name of applicant and current address:

Name (First, Middle, Last) _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

Social Security Number _____ Date of Birth (m/d/y) ____/____/____

Driver's License Number _____ Race _____

State Issued _____ Gender _____

Have you ever been convicted of a crime (Omit minor traffic offenses)? Yes____ No____
If Yes, please explain charges and disposition. (Use an additional sheet of paper if necessary)

What State, What County, and What Year did these convictions occur? _____

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997)? Yes____ No____

Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse? Yes____ No____

Have you been civilly or administratively adjudicated to have engaged in the activity described in the previous question? Yes____ No____

Have you been involved in any incidents of sexual harassment? Yes____ No____

Date: _____ Location: _____ Findings: _____

I authorize the Louisiana Department of Public Safety and Corrections and their agents to investigate my background as part of my application for employment, promotion or as a contractor or volunteer. This may include information contained in public records, which may include credit history, criminal files at the county, state and federal jurisdiction levels, and motor vehicle records. Moreover, I hereby release the State of Kentucky and the Kentucky Department of Corrections and any agent acting on its behalf from any liability of whatsoever nature of requesting information from any person.

Printed Name of Applicant _____ ***Date*** ____/____/____

Signature of Applicant _____