



PRE-EMPLOYMENT INQUIRY RELEASE

NON-LICENSED APPLICANT or LICENS D AMBULANCE PERSONNEL

In connection, and for the duration of my employment (including contract for services) with

_____, I understand that an authorized agency will conduct a thorough investigation regarding any record(s) of past criminal activities from the files of the Louisiana Bureau of Criminal Identification and Information within the Department of Public Safety and Corrections, Office of the State Police pursuant to LA R.S. 40:1203.2, follow up investigations may be made into Louisiana parish or local court records and/or court records of another state if necessary to obtain files to complete an accurate criminal history.

Your authorization releases Data Quest Research & Investigative Services, LLC, an authorized agency, any law enforcement agency and/or court contracted by the authorized agency from all damages, of whatever type or nature, including court costs and reasonable attorney fees suffered by any person, including the undersigned, while investigating my criminal history.

By my signature below, I hereby authorize and understand such investigation and further give permission to authorized law enforcement agencies and /or courts to release all criminal record information maintained in their files which may confirm or deny my eligibility with the employer. The authorized agency is only disseminating information requested and is not rendering or offering opinion on my employment eligibility.

It is my understanding that the results of the investigation will remain confidential and that if any criminal history is found to exist, then I will be provided an opportunity to refute, correct, and/or otherwise clarify such information by conducting a right to review with Louisiana Bureau of Criminal Identification and Information within the Department of Public Safety and Corrections, Office of the State Police.

I agree that any copy of this document is as valid as the original.

Print Full Name:			
	(First)	(Middle)	(Last)
Maiden Name or Alias:			
Date of Birth		Social Security Number	
	(MM/DD/YYYY)		
Current Address:		Apt. No. / Suite No.	
City:		State:	Zip:
Race:		Sex:	
Driver's License Number:		State Issued :	
Applicant's Signature		Date:	
			(MM/DD/YYYY)

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