



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

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

Central Louisiana State Hospital

242 W. Shamrock Street
Pineville, LA 71360
Phone: 318-484-6202

PRE-EMPLOYMENT SCREEN AUTHORIZATION

Select the screen:

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

By my signature below, as a perspective 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 _____

*** Licensed Employees Only *** -- Parishes to be Reviewed: _____

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$13.25 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order

Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****

******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

****PLEASE PRINT****	
Central Louisiana State Hospital	Celeste Gauthier, CEO
AGENCY, FACILITY OR INDIVIDUAL	AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL
P.O. Box 5031	<i>Celeste Gauthier</i>
MAILING ADDRESS	SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL
Pineville	(318) 484-6202
CITY	AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER
Louisiana	Celeste.Gauthier@la.gov
STATE	AGENCY OR FACILITY E-MAIL ADDRESS
71361-5031	
ZIP CODE	

Request For: (pick one only)

- | | |
|---|---|
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> LA PHYSICAL THERAPY BOARD |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD | <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS |
| <input type="checkbox"/> BOARD OF EXAMINERS (PSYCHOLOGIST) | <input type="checkbox"/> LICENSED PROFESSIONAL COUNSELORS |
| <input type="checkbox"/> BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.) | <input type="checkbox"/> MEDICAL EXAMINERS |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> CASA | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION |
| <input type="checkbox"/> DAYCARE / WORKING WITH CHILDREN | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> DEPT. OF AGRICULTURE AND FORESTRY | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input checked="" type="checkbox"/> DEPT. HEALTH AND HOSPITALS | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DEPT. OF INSURANCE – FRAUD DIVISION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit) | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> DRUG AND DEVICE DISTRIBUTORS | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> GESTATIONAL CONTRACTS | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> WILDLIFE AND FISHERIES |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> WORKING WITH CHILDREN |
| <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS | |

APPLICANTS FULL NAME: _____
****PRINT – USE INK****
LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ____-____-____ DATE OF BIRTH: __/__/__

ID or DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6696

Revised 12/26/2018

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION
LISTING OF CHARGES ENUMERATED IN R.S. 15:587.1

<u>REVISED STATUTES (RS)</u>	<u>NAME OF OFFENSE</u>
14:30	First degree murder
14:30.1	Second degree murder
14.31	Manslaughter
14.41	Rape
14.42	Aggravated rape
14.42.1	Forcible rape
14.43	Simple rape
14.43.1	Sexual battery
14.43.2	Aggravated sexual battery
14.43.3	Oral sexual battery
14.43.4	Aggravated oral sexual battery
14.44	Aggravated kidnapping
14.45	Simple kidnapping
14.74	Criminal neglect of family
14.78	Incest
14.80	Carnal knowledge of a juvenile
14.81	Indecent behavior with juveniles
14.81.1	Pornography involving juveniles
14.81.2	Molestation of a juvenile
14.82	Prostitution
14.82.1	Prostitution; persons under seventeen
14.83	Soliciting for prostitutes
14.83.1	Inciting prostitution
14.83.2	Promoting prostitution
14.83.3	Prostitution by massage
14.83.4	Massage; sexual conduct prohibited
14.84	Pandering
14.85	Letting premises for prostitution
14.85.1	Letting premises for obscenity
14.86	Enticing minors into prostitution
14.89	Crime against nature
14.89.1	Aggravated crime against nature
14.92	Contributing to the delinquency of a juvenile
14.93	Cruelty to juveniles
14.93.2.1	Child desertion
14.93.3	Cruelty to the infirmed
14.106	Obscenity
14.282	Operation of places of prostitution
14.286	Sale of minor children
14.966 – 970 (A)	Distribution or possession with intent to distribute marijuana or drugs listed in Schedules I to V

I attest by my signature below that I have not been convicted of, nor pled nolo contendere to, any of the charges enumerated in R.S. 15:587.1.

Applicant Signature

Date

Witness Signature

Date

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Behavioral Health
Central Louisiana State Hospital

To Whom It May Concern:

I, _____, consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, human resources staff, and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment

Signature

Date

Social Security Number

CENTRAL LOUISIANA STATE HOSPITAL

LDH POLICY ON NEPOTISM

The Louisiana Department of Health Policy on Nepotism states that no member of the immediate family of the Secretary of LDH shall be employed within LDH; no member of the immediate family of an Assistance Secretary may be employed with his/her Office; and no member of the immediate family of an agency head, facility administrator, division director, section head or supervisor of any other organizational work unit may be employed in the organizational work unit over which he/she has direct line of supervision, unless the employment of such individual qualifies for exception as specified by the Code.

In order to assure that employees of Central La State Hospital are not in violation of the LDH Policy or the Louisiana Code of Governmental Ethics, each employee is directed to provide the following information and return it to Human Resources.

Additionally, it is in the best interest of our employees and patients we serve not to have relatives working in direct care of family members. **It is the employee's responsibility to notify and update Human Resources of any changes in regards to this policy.**

Please list all immediate family members employed by or receiving care at Central La State Hospital. Additionally, use space for Vendor to list family member or family member who owns a business that is listed on a purchase requisition or request for PRO CARD purchases.

Family Member Name (Please Print)	Family Member Title	Family Member Department/Area/ Shift	Relation

Name of Patient (Please Print)	Relation

Name of Vendor (Please Print)	Relation

Employee/Applicant Print Name: _____	
Employee/Applicant Signature: _____	Date: _____
Department/Work Area/Shift: _____	Personnel #: _____