

All The Facts
2620 Centenary Boulevard
Building 2, Suite 210
Shreveport, LA 71104
(318)222-5676 – Toll Free 888-913-2287

Date: _____

Customer Name: ELITE HEALTH SOLUTIONS

Please fill out the information below. Each employee will have a local criminal check and Social Security Trace done. This usually takes 24-48 hours to process.

(First)	(Middle)	(Maiden)	(Last)
Date of Birth: ____/____/____		Race/Sex: ____/____	
Social Security Number: ____ - ____ - ____		Driver's License Number: _____	
Current Address: _____			
<i>(Street Name and Number)</i>		<i>(City)</i>	<i>(State) (Zip)</i>

I DO HEREBY GIVE PERMISSION TO, AND HOLD HARMLESS THE ABOVE EMPLOYER/LANDLORD OR THEIR ASSIGNED AGENT, ALL THE FACTS TO INVESTIGATE AND REPORT ANY HISTORY INVOLVING CRIMINAL ARREST OR CONVICATIONS, PERSONAL DRIVING RECORDS, EXCLUSIONS FROM MEDICARE/MEDICAID OR GSA EXCLUSIONS, TRAFFIC CONVICCTIONS, CIVIL SUIT INFORMATION AND CREDIT REPORT OR EMPLOYMENT CREDIT REPORT HISTORY. INFORMATION AS TO RACE, SEX AND AGE IS FOR IDENTIFICATION PURPOSES ONLY.

Applicant Signature: _____

For employer only:

CREDIT REPORT/EMPLOYMENT CREDIT:	YES	NO (CIRCLE ONE)
CIVIL EVICTIONS (REPORTS EVICTIONS LOCALLY):	YES	NO (CIRCLE ONE)
LOCAL CRIMINAL CHECK*:	YES	NO (CIRCLE ONE)
OTHER COUNTY AND STATE (OR) PARISH	YES	NO (CIRCLE ONE)

*PLEASE LIST (1) _____ (2) _____ (3) _____

DRIVING RECORD:	YES	NO (CIRCLE ONE)
SOCIAL SECURITY NUMBER TRACE:	YES	NO (CIRCLE ONE)
HHS/OIG MEDICAID/MIDICARE FRAUD:	YES	NO (CIRCLE ONE)
GSA LIST OF EXCLUSIONS	YES	NO (CIRCLE ONE)
OTHER: _____		