Children's Clinic of Southwest Louisiana, Inc.

2903 1st Avenue
Lake Charles, LA 70601
337-478-6480
www.ccswla.com

Background Check Application

Name_____
First Middle Last

AKA _____
Maiden name or any other name ever used

Address_____
Street Apt# City State Zip

List all states you have lived_____

Social Security #_____-_____-_____ Date of Birth_____

Sex: ___Female ___Male Race_____

Driver's License / ID #_____Issuing State_____

By my signature below, I authorize the Calcasieu Parish Sheriff's Office to release my complete arrest record and waive such legal rights that may arise and do release all persons from liability in connection with furnishing such information.

_____ _____
Signature of Prospective Employee Date

Information Requested By_____Date_____

Attach copy of Driver's License or ID Card