



ALL THE FACTS
Pre-Employment/Leasing Background Checks
State Authorized Agency

Requestor: Advantage Nursing Services, LLC

Select 1 Office:

Grid of checkboxes for office locations: New Orleans, Baton Rouge, Lafayette, Shreveport, Gulfport, Travel, Houston, San Antonio, Dallas.

Fax Requests to: Date: Requested By:

Applicant Name: (First, Middle, Maiden, Last), Date of Birth, Race/Sex, Drivers License #, Social Security #, Current Address (PLEASE GIVE COMPLETE ADDRESS WITH CITY, STATE & ZIP CODE)

School, Graduation Year, Degree

Employment must be verified up to 7 years, additional form available if necessary. Please begin with current and continue chronologically.

Three sets of employer information fields: Employer, Date Employed, Address, Position, Reason for leaving, Phone.

I do hereby give permission to and hold harmless, the above Employer, Advantage Nursing Services, LLC and their assigned agent, ALL THE FACTS, to investigate and provide verbal and/or written report to any Advantage Nursing Services, LLC clients to whom I may be assigned, any history involving criminal arrests or convictions, personal driving records, Medicare/ Medicaid or GSA exclusion, traffic convictions, civil suit information, information as to Race, Sex and Date of Birth for identification purposes only. I also understand that certain Advantage Nursing Services, LLC clients require this check to be processed annually.

Applicant Signature

Date Faxed:



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State Authorized Agency
Phone 318-222-5676 / Fax 318-425-8524

Supplement Page Employment Verification

(Employment must be verified up to 7 years, additional form available if necessary)

Employer: _____	Date Employed: _____ to _____
Address: _____	Position: _____
_____	Reason for leaving: _____
Phone: _____	_____
Employer: _____	Date Employed: _____ to _____
Address: _____	Position: _____
_____	Reason for leaving: _____
Phone: _____	_____
Employer: _____	Date Employed: _____ to _____
Address: _____	Position: _____
_____	Reason for leaving: _____
Phone: _____	_____
Employer: _____	Date Employed: _____ to _____
Address: _____	Position: _____
_____	Reason for leaving: _____
Phone: _____	_____
Employer: _____	Date Employed: _____ to _____
Address: _____	Position: _____
_____	Reason for leaving: _____
Phone: _____	_____

Date Faxed: _____