



CRIMINAL BACKGROUND CHECK VERIFICATION

Final acceptance into the Loyola University Medical Center (LUMC) EMS System is contingent upon a completed criminal background check.

Last Name (please print): _____

First Name: _____ Middle Initial _____

Maiden Name: _____

Date of Birth: _____

Social Security Number: _____

TO BE COMPLETED BY AUTHORIZING AGENT FOR MUNICIPALITY OR PRIVATE AMBULANCE AGENCY

Signature of authorizing agent verifies that the above individual has undergone a criminal background check and has no conviction of a Disqualifying Offense as listed in IDPH Administrative Code 955.160 www.idph.state.il.us

Print name: _____

Title: _____

Department: _____

Signature: _____

Date: _____