



Applicant Background Screening Order Form

Applicant Information: (Please Print Legibly)

Full Name (first,middle,last): _____

AKA's: _____

Social Security Number: _____ Date of Birth (mm/dd/yr): _____

Current Address: _____

Race: _____ Gender: _____ DL# _____ DL# State of Issue: _____

Previous Employer (Employment Verification Requests Only):

Name: _____

City/State: _____

Phone: _____ Reason for Leaving: _____

Title: _____ Duties: _____

Salary: _____ Dates of Employment: _____

Services Requested:

____ Basic Package ____ Essential Package ____ Essential Plus Package ____ Credit History Review

____ Healthcare Sanction History ____ National Criminal Database Check and Sex Offender Registry

____ Federal Criminal Records Check ____ Statewide Criminal Check (State: _____)

____ County-Level Criminal Records Check (County: _____ State: _____)

Do you want to search AKA Name(s): _____

____ Civil Records Search (County: _____ State: _____) Do you want to search AKA Name(s): _____

____ Motor Vehicle Record Check (State: _____) Note: GA requires a notarized release

____ Identity Trace ____ Global Report ____ Credential Verification (Please choose)*

____ Employment ____ Education ____ Professional License

Specific Instructions /Other Search /Additional Info:

Client Name: _____

***** Please Complete, Print, and fax to (800) 760-4361 with Signed Applicant Release *****