



BACKGROUND SCREENING REQUEST FORM

(To be completed by Employer)

To verify Social Security Number - Federal Law requires signed conditional offer of employment.

Company Name: _____ Date: _____

Background Check Authorized by:

Employer Name: _____

Signature: _____

Position/Title: _____

Telephone Number: _____ Email: _____

Applicant Name: _____

Position: _____

Report Requested:

Background Check

Drug Test

Both