



CRIMINAL SCREENING.COM

EMPLOYMENT SCREENING AUTHORIZATION

****Information to be provided only by employer****

Employer (name): _____

Agent Completing (name): _____

Phone: _____ FAX: _____ Email: _____

Screening Services Requested:

- CriminalScreening.com Certified Check
- Additional checks requested (all checks are individual – specify number)
 - County Criminal (state and county): _____
 - Pre-employment (previous employer): _____
 - State DMV (state): _____

Screening for the individual referenced below is for employment purposes: Agree Disagree

****Information to be provided only by prospective employee****

Full Legal Name: _____ Social Security Number: _____

DOB: _____ Sex: Male Female Race: _____

Driver License #: _____ State Issued: _____

Current Address (street): _____

City: _____ State: _____ Zip: _____

Previous Address (if less than 3 years at current address): _____

City: _____ State: _____ Zip: _____

Have you ever been convicted of a crime? (if yes please explain): _____

By signing this authorization I certify that all content provided is legal and correct.

All information provided should be confirmed by reviewing driver license and social security card

Print Name: _____ Date: _____

Sign Name: _____