

# Employee Background Check Request

*A separate form is required for each applicant*

## 1. Complete the following:

Applicant Name:	Contact Name:
Company Name:	Contact Phone #:
	Contact Fax #:
	<input type="checkbox"/> Public Fax, please call before faxing

## 2. Select A Basic Search Package:

<input type="checkbox"/> <b>Basic Background Check:</b> <ul style="list-style-type: none"><li>• Social Security Number Scan</li><li>• County Criminal Record Check (7 years)<ul style="list-style-type: none"><li><input type="checkbox"/> Counties of residence, school, &amp; work (recommended)</li><li><input type="checkbox"/> Counties of residence only</li></ul></li><li>• Employment Verification* (7 years)</li></ul>
<input type="checkbox"/> <b>Basic + Education Background Check:</b> <ul style="list-style-type: none"><li>• Social Security Number Scan</li><li>• County Criminal Record Check (7 years)<ul style="list-style-type: none"><li><input type="checkbox"/> Counties of residence, school, &amp; work (recommended)</li><li><input type="checkbox"/> Counties of residence only</li></ul></li><li>• Employment Verification* (7 years)</li><li>• Education Verification (post high school)</li></ul>
<input type="checkbox"/> <b>Custom:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Social Security Number Scan</li><li><input type="checkbox"/> County Criminal Record Check (7 years)<ul style="list-style-type: none"><li><input type="checkbox"/> Counties of residence, school, &amp; work (recommended)</li><li><input type="checkbox"/> Counties of residence only</li></ul></li><li><input type="checkbox"/> Employment Verification* (7 years)</li><li><input type="checkbox"/> Education Verification (post high school)</li></ul>

\* Current employers are not contacted unless specifically authorized. **Note:** If an employer's current phone # or address are not provided, an attempt is made to locate the employer and an additional fee charged.

## 3. Select Other Searches As Needed:

<input type="checkbox"/> County Civil Record Check (7 years)
<input type="checkbox"/> Credit Check
<input type="checkbox"/> Federal Criminal Record Check for districts of residence, school, and work (7 years)
<input type="checkbox"/> Global Homeland Security Search
<input type="checkbox"/> License Verification - State/Federal (not MVR) Specify license type, #, and agency
<input type="checkbox"/> Medicaid Sanctions
<input type="checkbox"/> Motor Vehicle Reports <sup>1</sup> (7 years)
<input type="checkbox"/> 'Nation-Wide' Criminal Database Check <sup>3</sup>
<input type="checkbox"/> National Wants and Warrants <sup>1</sup>
<input type="checkbox"/> Sex Offender Registry (7 years)
<input type="checkbox"/> 'State-Wide' Criminal Records Check <sup>3</sup>
<input type="checkbox"/> Workers' Compensation History <sup>2</sup> (7 years)
<input type="checkbox"/> Other: _____

1. Not available separately. Must be part of a background check.  
2. Available only after a conditional job offer.  
3. Criminal record databases are notoriously incomplete. However, they are useful as a supplement to County Criminal Record Checks. "Hits" are verified by a County Criminal Record Check (additional fees).

## 4. Attach:

- Employment and Education History (usually a resume and/or a job application)
- Release signed by applicant

## 5. Read and Sign:

I certify that this request is made in accordance with FCRA (Fair Credit Reporting Act), Americans with Disabilities Act, and all other applicable state & federal laws and regulations (including written disclosure to the consumer that a background check will be conducted, written authorization from the consumer to conduct the background check, receipt by the consumer of a copy of the report as required by law, and notification to the consumer including the name, address, and phone of the consumer reporting agency conducting the background check and a summary of the consumer's rights). I certify that 1) all required steps have been taken, and 2) all required steps will be taken. I also certify that the information requested will be used only for employment purposes & only for the employer's own use. It is understood that the reports are obtained from fallible sources and that *A Matter of Fact* and its suppliers cannot guarantee accuracy.

Contact Signature:

Date:

## 6. Fax to: 530-346-6620

For questions call 530-346-6626

**Thank You** for using *A Matter of Fact!*

Total pages in Fax, including cover \_\_\_\_\_

Comments:
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