



SecureSearch

Integrity. Technology. Security.

Full Executive Staff Screening Request

Your Organization Name Here

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Type of Service: Full Executive Staff Screening—Consent to perform verification of criminal records, credit, driving records, education and degree verification and previous employment history.

Requesting Information On:

Applicant Name: _____

Address: _____

SS#: _____ Date of Birth (DOB): _____

Driver License #: _____ State Issued: _____

1. Secondary Education (College, University, Seminary, etc)

Name _____ Phone #: _____

City, State College: _____ Dates Attended: _____

Degree Y / N ? _____ Major _____

Name you were known by when attending _____

2. Secondary Education (College, University, Seminary, etc.)

Name _____ Phone #: _____

City, State College: _____ Dates Attended: _____

Degree Y / N ? _____ Major _____

Name you were known by when attending _____

3. Current Employer (May we contact?) ___ yes ___ no

Employer Name: _____ Supervisor/Contact: _____

Dates employed and Position: _____

Phone (Employer): _____ Fax (Employer): _____

City/State: _____

4. Previous Employer Information:

Employer Name: _____ Supervisor/Contact: _____

Dates employed and Position: _____

Phone (Employer): _____ Fax (Employer): _____

City/State: _____

Name you were known by when employed _____

Authorized Consent By Applicant Please Sign:

I hereby authorize **employer** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with **employer**.

I release **employer** and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Signature

Date

Printed Name

Employer/Organization – Please Fax To:
Secure Search attn: research dept.

Fax 1-800-856-5927

558 Castle Pines Pkwy., Unit B-4, #137, Castle Rock, CO 80108
Phone 1-866-891-1954 ext. 332 customerservice@securesearchpro.com

NOTES:

