

BACKGROUND VERIFICATION ORDER FORM

COMPANY NAME:
LOCATION / DEPT:

Full name as it appears on license: _____
Last First Middle

Address: _____
Street City State Zip

Length of time at current address: _____ Below, please list **cities and states** of residence for the past **seven years**:

City	State	Length of time	City	State	Length of time
City	State	Length of time	City	State	Length of time
City	State	Length of time	City	State	Length of time

*The following information is **required** by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose; it will not be considered in the employment decision. For purposes of confidentiality, applicant may call or fax the information noted by an * directly to The Facet Group.*

*Sex: Female Male
*Race: Asian African-American Hispanic White Other
*Date of Birth: _____ Social Security #: _____
Driver License #: _____ State where license was issued: _____
Maiden / Alias / Previously used names: _____

May your present employer be contacted? YES NO Not employed

I hereby attest to the accuracy of the personal information I have given above and understand it will be used to facilitate the procurement of a Consumer &/or Investigative Report in connection with my prospective &/or continued employment.

I have received a copy of my Summary of Rights, along with a copy of the Disclosure / Authorization form.

Signature _____ Today's Date: _____

SEARCH ORDER FORM

COURT RECORDS Each court is a separate fee
 Order all court searches under other names given above

CRIMINAL: FELONY & MISDEMEANOR
 FELONY ONLY
 FEDERAL LEVEL

CIVIL: COUNTY LEVEL
 FEDERAL LEVEL

NAME TRACE (SSN / ADDRESS HISTORY)

CREDIT REPORT

DRIVING RECORD

REFERENCE CHECK
Fax Application, Resume &/or Applicant Data Form
 Previous Employment Verification
 Personal References

EDUCATION / CREDENTIAL CONFIRMATION
Fax Application, Resume &/or Applicant Data Form
 Education: Diploma, Degrees, Certificates, GED
 Credentials / Licenses

WORKERS' COMPENSATION HISTORY
Employer certifies a conditional job offer has been made.
State(s): _____

EMPLOYER – IMPORTANT: Contains sensitive information. Keep only in secured files, separate from personnel records!

PHONE: 888.868.8973
337.233.8973

FAX: 337.593.0828



support@facetgroup.com
200 South Audubon Boulevard
Lafayette, LA 70503

APPLICANT DATA FORM

If application is not available, please use this form for employment, personal references and/or education checks.

APPLICANT NAME: _____ POSITION: _____

Employment History

<i>Current of last Company</i>	<i>Position</i>		<i>Start</i>	<i>End</i>
<i>Address/Branch</i>	<i>City/State</i>	<i>Dates</i>		
<i>Name of Supervisor</i>	<i>Area code / Phone</i>	<i>Salary</i>		
<i>Reason for leaving / intending to leave</i>				
<hr/>				
<i>Company</i>	<i>Position</i>		<i>Start</i>	<i>End</i>
<i>Address/Branch</i>	<i>City/State</i>	<i>Dates</i>		
<i>Name of Supervisor</i>	<i>Area code / Phone</i>	<i>Salary</i>		
<i>Reason for leaving</i>				
<hr/>				
<i>Company</i>	<i>Position</i>		<i>Start</i>	<i>End</i>
<i>Address/Branch</i>	<i>City/State</i>	<i>Dates</i>		
<i>Name of Supervisor</i>	<i>Area code / Phone</i>	<i>Salary</i>		
<i>Reason for leaving</i>				
<hr/>				
<i>Company</i>	<i>Position</i>		<i>Start</i>	<i>End</i>
<i>Address/Branch</i>	<i>City/State</i>	<i>Dates</i>		
<i>Name of Supervisor</i>	<i>Area code / Phone</i>	<i>Salary</i>		
<i>Reason for leaving</i>				

Personal References

Please list names and phone numbers (including area code) of 3 references who are not related to you.

Name	Years Known	City / State	Phone #
			()
			()
			()

Education Information

	School	Campus	City / State	Dates	Degree	Major
High School / GED					[] DIPLOMA [] GED	
College						
College						
Trade School						
Certification / License						