UNIVERSAL DATA REQUEST FORM

K-LAK CORPORATION EMPLOYMENT SCREENING SERVICES   **BACKGROUND HISTORY REQUEST**

Delaware Office/Operation Center
Post Office Box 7033 ◆ Wilmington, DE 19803-0033
302.764.5826 ◆ FAX 302.764.5827 ◆ ALT FAX: 866.283.5053

SECTION A:
(Place a check mark by the reports or records requested). Must complete section B and C

_____One Bureau Credit Report

_____Two Bureau Credit Report

_____Three Bureau Credit Report

_____Criminal Record (2)

_____Driving Record (2)

_____Employment Record (1, D)

_____Education (1, F)

_____Collection Report

_____Social Security Trace

_____Social Security Re-Trace

_____Bankruptcy Report

_____IRS Tax Report (1)

_____Drug and Alcohol Testing (1)

_____Public Filings (liens, etc)

_____Character References (E)

_____Worker Compensation (D)

_____DMV Report (2)

_____Banking Verification (1)

_____Mortgage Report

_____Business Report

_____Other_____

SECTION B:
(Subscriber Information) Print or Type Information

Subscriber Code: _____ Date: _____/_____/_____

Company Name: _____

Requestor Name: _____ Phone #: _____

RETURN RESULTS BY:

_____ Verbal Only   _____ Written Only   _____ Fax: (   ) _____

SECTION C:
(Consumer Information) Print or Type Information

First Name: _____

Last Name: _____

Middle Name: _____ Generation: _____ Jr. _____ Senior

Address: _____

City: _____ State: _____

Zip: _____ Years There: _____

Social Security # _____ – _____ – _____

Date of Birth: _____

COUNTIES TO VERIFY (FOR CRIMINAL, DMV AND DRIVING RECORDS ONLY)

County: _____ State: _____

County: _____ State: _____

County: _____ State: _____

County: _____ State: _____

Driver's License #: _____ State: _____

NOTE: (1) May need Authorization   (2) Must provide driver's license number   (3) Complete Section (D), (E) page 2 or (F) page 3

SECTION D:
(Print or Type Information)

EMPLOYMENT

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ TEL #: ( ) _____

DATE OF EMPLOYMENT: _____ / _____ POSITION: _____

PRESENT: _____ YES _____ NO   SALARY: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ TEL #: ( ) _____

DATE OF EMPLOYMENT: _____ / _____ POSITION: _____

PRESENT: _____ YES _____ NO   SALARY: _____

REASON FOR LEAVING: _____

SECTION E:
(Print or Type Information)

CHARACTER REFERENCES

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YEARS THERE: _____ TEL: ( ) _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YEARS THERE: _____ TEL: ( ) _____

SECTION F:
(Print or Type Information)

EDUCATION

HIGH SCHOOL: _____ NAME & ADDRESS OF SCHOOL: _____

_____

COURSE OF STUDY: _____ YEAR ATTENDED: _____

YEAR COMPLETED: _____ YEAR NOT COMPLETED? _____

DIPLOMA / DEGREE: _____

UNDERGRADUATE COLLEGE: _____

NAME & ADDRESS OF SCHOOL: _____

COURSE OF STUDY: _____ YEAR ATTENDED: _____

YEAR COMPLETED: _____ YEAR NOT COMPLETED? _____

DIPLOMA / DEGREE: _____

GRADUATE/PROFESSIONAL: _____

NAME & ADDRESS OF SCHOOL: _____

COURSE OF STUDY: _____ YEAR ATTENDED: _____

YEAR COMPLETED: _____ YEAR NOT COMPLETED? _____

DIPLOMA / DEGREE: _____

OTHER (SPECIFY): _____

NAME & ADDRESS OF SCHOOL: _____

COURSE OF STUDY: _____ YEAR ATTENDED: _____

YEAR COMPLETED: _____ YEAR NOT COMPLETED? _____

DIPLOMA / DEGREE: _____