

P•A•S ASSOCIATES
P•A•S INVESTIGATIONS
Background Screening Request Form

Date: _____ Client Name: _____

Address: _____

City/State: _____ Zip Code: _____

Contact person: _____

Telephone number: _____

Fax number: _____

Enclosed is an authorization to coordinate the appropriate screening for the following subject:

Subject full name: _____

Date of Birth: ____/____/____

Soc. Sec. No: _____

Packages

☐ Basic Criminal Package (*includes Social Security Trace, unlimited Criminal County searches as revealed by SSN Trace, and Widescreen Plus National Criminal search*)

☐ Criminal Package (*includes Social Security Trace, unlimited Criminal County searches as revealed by SSN Trace*)

Miscellaneous Searches

☐ Social Security Number Trace – History of Addresses (*additional fees will apply for searches generated by the SSN Trace*)

☐ Social Security Number Verification

☐ Motor Vehicle Information (*Fee varies based on State*)

Criminal Records

☐ Widescreen Plus National Criminal Search (*additional fees will apply for any additional searches generated by the WS+*)

☐ Criminal County Search (____ qty.)
☐ Both ☐ Felony ☐ Misdemeanor

☐ Federal Criminal Record Search - District

☐ Statewide Criminal Record Search (*NOT available in California*)

☐ State Sexual Offender Registry (*only to expressly protect "persons at risk"*)

Healthcare Records

☐ Healthcare Sanctions (FACIS Search)
☐ All ☐ Federal ☐ State

☐ Nurse Aide Registry (Healthcare)

☐ Healthcare Statewide Criminal Search

Verifications and References

☐ Employment Verification (____ qty.)

☐ Education Verification (____ qty.)

☐ Professional License Verification

Financial Records

☐ Credit History (*only if specifically applicable to employment*)

☐ Federal Bankruptcy – District (*only if specifically applicable to employment*)

Civil Records

☐ County Civil Record Search
☐ Both ☐ Upper ☐ Lower

☐ Federal Civil Record Search-District

****Please note that additional Information Fees/Access Fees may be billed as applicable.***

Special requests/comments _____

Signature of Requester _____

Date _____

Email/Fax/Mail to:
P•A•S Associates
1401 19th St., Ste. 235, Bakersfield, CA 93301
Telephone: 661-631-2165 Fax: 661-631-2841
Mario@PASassociates.com or Shelly@PASassociates.com

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