



**Technician Information**  
**Fax Transmittal Sheet**  
**Fax: 407-359-6929**

Order ID	Date	S	
		B	
		R	

**Background Screening Package Includes**

- |   |                                    |
|---|------------------------------------|
| • Social Security Number Verification     | • National Criminal File           |
| • Motor Vehicle Record                    | • Sexual/Violent Offender Database |
| • County Criminal, Felony and Misdemeanor | • State Criminal                   |

7 year search (where applicable)

**APPLICANT INFORMATION**

- Please complete and fax (or mail) to PlusOne Solutions
- Verification Process:  
 Please provide PlusOne Solutions with a copy of any trade licenses and/or certifications. You can fax a copy to 407-359-6929. If you have a copy in a PDF, please email the PDF to screenings@plusonesolutions.net Alternatively, you may mail a copy of your trade license and/or certifications to:

**PlusOne Solutions, Inc.**  
**30 Windsormere Way, Suite 300**  
**Oviedo, FL 32765**  
**Fax: 407-359-6929**  
**Email: screenings@plusonesolutions.net**

**APPLICANT'S LEGAL NAME**

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>

**PLEASE PROVIDE ANY OTHER NAMES USED**

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>

**Nickname** \_\_\_\_\_

**CURRENT HOME ADDRESS**

<b>Street</b>	<b>City</b>	<b>State or Province</b>	<b>Postal Code</b>

<b>Have you ever lived in Puerto Rico?</b> <input type="radio"/> yes <input type="radio"/> no	<b>If yes, list mother's maiden name:</b>	<b>If yes, list your place of birth:</b>

<b>Phone Type</b>	<b>Telephone</b>	<b>Ext.</b>	<b>Email Type</b>	<b>Email Address</b>
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell			<input type="radio"/> Home <input type="radio"/> Work	

<b>Date of Birth: (mm/dd/yyyy)</b>	<b>Social Security Number or Canadian Social Insurance Number:</b>

<b>Name as it appears on Driver's License:</b>	<b>Driver's License Number:</b>	<b>State Issued</b>

<b>Company you work for</b>	<b>Company Technician ID</b>	<b>Client Requiring Background Screen</b>

**SERVICE INDUSTRY (select all that you support)**

<input type="checkbox"/> Consumer/Home Electronics	<input type="checkbox"/> HVAC	<input type="checkbox"/> Recreational Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Outdoor Power Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Handyman	<input type="checkbox"/> Personal Computers	
<input type="checkbox"/> Home Appliances	<input type="checkbox"/> Plumbing	

**LICENSES AND CERTIFICATIONS**

<b>Licenses (if applicable)</b>		<b>Certifications (if applicable)</b>	
<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> CompTIA A+ Certification	<input type="checkbox"/> Microsoft MCSE
<input type="checkbox"/> General Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> CompTIA Server+	<input type="checkbox"/> Microsoft MCDST
<input type="checkbox"/> General Engineering	<input type="checkbox"/> Specialty	<input type="checkbox"/> CompTIA Network+	<input type="checkbox"/> Microsoft MCSD

<b>Other Licenses (please list)</b>	<b>Other Certifications (please list)</b>
_____	_____
_____	_____

**CONFIDENTIAL NOTE**

The information contained in this facsimile message is legally provided and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at the address above via the United States Postal Service. Thank You.



**Background Verification Disclosure  
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As part of the contracting for services process between your employer and selected clients, PlusOne Solutions, Inc. ("The Company"), will obtain an Investigative Consumer Report. The Investigative Consumer Report may include information regarding your character, general reputation, personal characteristics or mode of living.

During the application process and at any time during the tenure of my employment with my employer, I hereby authorize PlusOne Solutions, Inc., on behalf of my employer to procure an Investigative Consumer Report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

<b>Applicant/Employee</b> (please print)		<b>Driver's License Number</b>	<b>DL State</b>
<b>Home Street Address</b>		<b>City, State Zip</b>	
<b>Social Security Number or Canadian Social Insurance #</b>		<b>Date of Birth (mm/dd/yyyy)</b>	
		<input type="text"/>	
<b>Signature</b>		<b>Date</b>	
		<input type="text"/>	

\*NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for employment. PlusOne Solutions, Inc. is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

Oklahoma Residents please note: Under Oklahoma law, you have the right to receive a free copy of your consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

California Residents please note: Under CA law, you have a right to receive the entire Investigative Consumer Report.

YES, I am a California resident and would like a free copy of my Investigative Consumer report

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact the Consumer Reporting Agency during normal business hours to obtain your file for review. You may obtain such information as follows:

1. In person at the reporting agency's office.
2. Certified mail.
3. By telephone, if you previously made a request and provided proper identification.

Contact PlusOne Solutions at [screenings@plusonesolutions.net](mailto:screenings@plusonesolutions.net) to obtain the appropriate contact information.

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**Signature Card**  
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By signing below I understand and agree to the terms and conditions as set forth. I hereby authorize PlusOne Solutions to release background screening summary results to my employer and client(s) of my employer. I additionally authorize PlusOne Solutions to release a notarized copy of my background screening summary upon my written request. I waive any legal liability against PlusOne Solutions, and further release PlusOne Solutions, its clients, and the employees thereof, named or unnamed, from all liability or claims of any kind, resulting from the obtaining of, or the furnishing of, information contained in the background screening reports.

**Statement of Terms and Conditions**

Prior to any adverse decision, the Consumer Reporting Agency will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act. In the event of an adverse finding, PlusOne Solutions will notify your employer and any client(s) of your employer of any adverse action. In certain situations, it may become necessary for PlusOne Solutions to disclose background screening information without your consent. These situations include, but are not limited to, a subpoena or similar legal process, fraud prevention or legal investigation, risk management and security concerns.

SIGNATURE CARD		
<b>First Name</b>	<b>Last Name</b>	<b>Middle Initial</b>
<b>Signature</b>		<b>Date</b>
		<input type="text"/>

This signature card will remain on file and will be used to verify your signature for purposes of authorizing the release of your background screening. Your employer and clients of your employer will not have access to your background screening report unless authorized by you in writing, but will be notified, of a "clear" or "adverse" finding.

In the future, should you request a notarized copy of your background screening clearance be released to someone other than your employer, your signature on the request form will be used as verification against this signature card.

For security purposes, please fill out the section below. Your PlusOne ID is made up of a combination of:

PlusOne Technician ID			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First 4 characters of your last name	Extra Alpha Char	Month and Day of your birth ex. August 6 = 0806	Last 4 numbers of your social security number

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