

UNIVERSAL INFORMATION RESEARCH



REQUEST FOR SERVICES

COMPANY: _____ REQUESTOR: _____
ADDRESS: _____ PHONE #: _____
ACCOUNT #: _____ FAX #: _____

APPLICANT INFORMATION

APPLICANT NAME: _____ aka(s): _____
D.O.B.: ____ / ____ / ____ SS#: ____ - ____ ID/DL #: _____
CURRENT ADDRESS: _____
CITY, STATE, ZIP: _____
ADDITIONAL INSTRUCTIONS: _____

REQUESTED INVESTIGATIONS

CRIMINAL HISTORY CHECKS:	SEXUAL OFFENDER SEARCH:	()
SUPERIOR CRIMINAL ()	CREDIT HISTORY:	()
MUNICIPAL CRIMINAL ()	(SIGNED AUTHORIZATION REQUIRED)	()
SOCIAL SECURITY TRACE (NATIONWIDE): ()	DRUG SCREENING/TESTING:	()
INCLUDE ALL COUNTIES REPORTED IN THE SOCIAL SECURITY TRACE: ()	BANKRUPTCIES, LIENS & JUDGMENTS:	()
CIVIL HISTORY CHECKS:	EMPLOYMENT VERIFICATION:	()
SUPERIOR CIVIL ()	PROFESSIONAL LICENSE VERIFICATIONS:	()
MUNICIPAL CIVIL ()		
DMV RECORDS:	EDUCATION VERIFICATION:	()
DRIVING RECORD ()	WCAB CLAIM HISTORY:	()
VEHICLE REGISTRATION ()		

ALL COURT SEARCHES ARE CONDUCTED IN THE COUNTY WHERE APPLICANT RESIDES UNLESS OTHERWISE SPECIFIED IN THE "ADDITIONAL INSTRUCTIONS" OR "SOCIAL SECURITY TRACE". ALL COURT SEARCHES INCLUDE LAST SEVEN-YEARS HISTORY ONLY. *RATES AND TIME SERVICE MAY VARY OUTSIDE CALIFORNIA

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AUTHORIZATION/CONSENT FORM

I hereby authorize any employer, employment agency, any labor union and/or a representative organization, government agency to include but not limited to employment development department, rehabilitation department, law enforcement agencies or other similar person, to give Universal Information Research (the company) on behalf of _____ any and all information and copies of all records relating to the employee named below.

REQUESTED INFORMATION

The information requested may include all information available as to the employees prior work application, history, status, any disciplinary information may be requested which the company believes to be necessary to process the employees' application for employment.

USE AND DISCLOSURE

The information collected under this authorization will be used for determining eligibility for employment. Any information received will not be released to any other party without the consent of the applicant.

AUTHORIZATION COPY

I know that I may request a copy of this authorization. I agree that a photocopy of this authorization may be used to obtain information.

EFFECTIVE DATE

(This authorization shall remain in effect for six months.)

APPLICANT INFORMATION

DATE: _____

APPLICANT NAME (print/type): _____

SIGNATURE: _____

DOB: _____

SS#: _____

DL#: _____

PHONE#: _____

ADDRESS: _____

