



# Background Request Form

Phone (888)-920-7233 Fax (888) 920-1248

### **Employer Use Only:**

Client Name: MAC Inc. Date Requested: \_\_\_\_\_

City Location \_\_\_\_\_ Requester's name: \_\_\_\_\_

Location # \_\_\_\_\_ Location Phone # ( ) \_\_\_\_\_

Location Fax #( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Services Requested (Please check the services you want):**

- SS Trace  Driving Record
- 7-Year Felony Misdemeanor
  - All Counties that Appear on SS Trace\* for the past seven years
  - Only the Counties Listed on this Form
  - Search AKA if applicable
- Statewide Criminal
  - All States that Appear on SS Trace\* for the past seven years
  - Only the States Listed on this Form
  - Search AKA if applicable
- Education Verification  Employment Verification

\*A SS Trace must be ordered for these selections.

### **Please print clearly:**

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Also Known As (AKA's): \_\_\_\_\_ Date Last Used: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_, State: \_\_\_\_\_

### **Current Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current County of Residence: \_\_\_\_\_

### **Additional Counties Resided (Note: List the zip code only if you do not know the county)**

County: \_\_\_\_\_, State: \_\_\_\_\_ Or Zip Code: \_\_\_\_\_

County: \_\_\_\_\_, State: \_\_\_\_\_ Or Zip Code: \_\_\_\_\_

County: \_\_\_\_\_, State: \_\_\_\_\_ Or Zip Code: \_\_\_\_\_

**Degree Information:**

School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you Graduate? \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year of Grad \_\_\_\_\_

**Employment Information:**

Please list the following information regarding your most recent employers:

May we contact the present employer?  Yes  No

#1.) Company Name \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_

Phone #\_(\_\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Dates worked: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title: \_\_\_\_\_

#2.) Company Name \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_

Phone #\_(\_\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Dates worked: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title: \_\_\_\_\_

#3.) Company Name \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_

Phone #\_(\_\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Dates worked: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title: \_\_\_\_\_