BACKGROUND REQUEST FORM

29w 140 Butterfield Rd. Suite 105, Warrenville, Il 60555 Phone: (630) 873-2270 Fax: (630) 393-7825

SECTION 1
Check all that apply.

___ Pre-Pack 5: SSN/Criminal
___ Drivers Pack (IL)
___ Employee Pack
___ Professional Pack
___ Single State w/ Sex Offender
___ County Criminal
___ County Criminal NY
___ Statewide Criminal
___ Federal Criminal
___ MultiState w/Sex Offender
___ Civil Search (County)
___ Civil Search (Federal)
___ SSN Trace
___ Professional License
___ Education Verification
___ Motor Vehicle Records
___ Workers' Comp Record
___ Prior Employment
___ Prior Employment Expand
___ Business Credit Report
___ Employment Credit Report
___ Tenant Credit Report
___ InstaEviction Screening
___ Tax Return Verification

SECTION 2 (Print or type information)

☐ Employment ☐ Tenant ☐ Business

Date: _____ / _____ / _____

CLIENT ACCOUNT NUMBER **BR-** _____

Requestor Name: _____

Phone: ( ) _____ Fax: ( ) _____

Return Results By: ☐ Fax Only ☐ Phone & Fax ☐ Mail

SECTION 3 (Print or type information / All Entry's Are REQUIRED)

***SEARCH ALL AKA'S:** **YES** ☐ **NO** ☐

Subject Name: _____ ____ _____
First MI Last

Address: _____ Years there: _____

City: _____ State: _____ Zip: _____

Counties to Verify: A. _____ State ___ B. _____ State ___

C. _____ State ___ D. _____ State ___

S.S. #: _____ - _____ - _____ D.O.B.: _____ / _____ / ____

Driver's License #: _____ State: _____

In connection with, and duration of my employment or tenancy (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, credit and other reports. These reports will include information as to my character, work habits, wage/salary, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize and consent for full release of records (either orally or in writing), without reservation to any party or agency contacted by this rental institute to furnish the above-mentioned information. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to my potential employment or residency, background resources inc., will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

***SUBJECT SIGNATURE:** _____

☐ CA, MN & OK RESIDENTS ONLY –Please check if you would prefer a copy of the requested investigative consumer report

*SIGNATURE OF SUBJECT IS REQUIRED TO PROCESS YOUR REQUEST.
*AKA'S WILL BE SEARCHED UNLESS OTHERWISE INDICATED/CHARGES WILL APPLY

FAX THIS FORM BACK TO (630) 393-7825