

American Safety School, LLC.

BACKGROUND REQUEST
FAX REQUEST TO 850-997-5116

Company Name: _____

INFORMATION REQUESTED ON:

FULL LEGAL NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVERS LICENSE: _____ STATE ISSUED: _____

EMPLOYEE SIGNATURE AUTHORIZING REQUEST: _____

(BY LAW YOU MUST EITHER HAVE HIS/HER SIGNATURE OR BE ABLE TO SHOW PROOF OF SIGNATURE ON FILE)

REPORTS REQUESTED TO BE COMPLETED:

_____ STATE CRIMINAL (*INDICATE WHICH STATE/S*): _____

_____ COUNTY CRIMINAL: (*INDICATE WHICH COUNTY/S & STATE*): _____

_____ CREDIT HISTORY (*MUST HAVE ALL KNOWN ADDRESSES IN THE LAST 7 YEARS*)

_____ DRIVERS LICENSE (*INCLUDE LICENSE NUMBER AND STATE, ABOVE*)

_____ NATIONAL SEX OFFENDERS REPORT

_____ SOCIAL SECURITY NUMBER VERIFICATION

ORDER APPROVED BY: _____ DATE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

292 W. DOGWOOD STREET
MONTICELLO, FLORIDA 32344
PHONE: 850-997-7233 FAX: 850-997-5116