



**Background Screening Request
Fax Order Form**

Date: _____

Client Name: Franklin Township Girls Softball Acct #: FT2896

Client Location: _____ Client Reference #: _____

Contact Name: Todd Shepard Phone: 317-538-9166 e-mail: Tshep0829@sbcglobal.net

Applicant Name: _____ Applicant SSN: _____

If employment verification is requested, may EBI verify applicant's current employer? Yes or No

Contracted Services

Standard Package:

Social Security Trace
National Criminal Research Database

Ala Carte Services:

Criminal Record Search – Current County of Residence

Non-Contracted Services

(To add any of these services to your profile, please contact your Account Manager)

Criminal Records

County: _____ State: _____

County: _____ State: _____

County: _____ State: _____

Blanks are for requestor to add areas outside the standard client profile.

Federal Records

County: _____ State: _____

County: _____ State: _____

County: _____ State: _____

International Criminal Records

City: _____ Country: _____

City: _____ Country: _____

City: _____ Country: _____

Global Homeland Security Search – OFAC

National Wants and Warrants Search

Credit History

Motor Vehicle Record

CDLIS Report

Workers' Compensation History *(post employment offer only)*

State: _____ State: _____

State: _____ State: _____

Education Verifications (Application Required)

Employment Verifications (Application Required)

Do not verify current employer

Military Verifications

Professional License Verification

Number: _____ State: _____ Type: _____

Number: _____ State: _____ Type: _____

Number: _____ State: _____ Type: _____

Healthcare Sanctions Level – 1

Healthcare Sanctions Level – 2

Healthcare Sanctions Level – 3

Other:: _____

Application required if any employment or educational verifications are to be performed.

**FAX THIS FORM, THE APPLICANT NOTICE AND ACKNOWLEDGEMENT FORM
AND APPLICATION (IF REQUIRED) TO EBI AT 410.486.0731.**