



Human Resource Advantage LLC

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FAX COVER SHEET / ORDER FORM

FROM _____ REQUESTER _____ () _____
COMPANY NAME H.R. RECRUITER / AUTHORIZED REPRESENTATIVE PHONE/EXT

SUBJECT INFORMATION _____ / _____ / _____
FIRST NAME M.I. LAST NAME SOCIAL SECURITY NUMBER

FAX # () CALL FIRST? OR EMAIL REPORT TO: _____

Search Type Check searches to be conducted on this applicant.	√
Criminal Records Search	
Social Security # Trace	
Driving Record	
Federal Criminal Search	
Sex Offender Registry	
Civil Filings Search	
Employment History	
Education Verification	
Certification/License Verification	
Workers' Comp Search	

→ Please include the *Consent to Release of Information* form signed by the applicant. To expedite processing, please ensure that the applicant has entered *all required* information **legibly**.

→ Don't forget – the applicant's *date of birth* is **required** for all criminal records searches.

→ If requesting employment history, education verification, or certification/license verification, please include a copy of the *applicant's resume and/or application*.

Additional instructions / comments: