

**BACKGROUND CHECK ADVANTAGE - Request Form**

3/13/2013

**Background Check Advantage**

P.O. Box 6766, Jefferson City, MO 65102

Phone: 573/893-3700 Fax: 573/893-7669

**Jefferson College – Lore Robart, Secretary Business & Community Development**

1000 Viking Drive, Hillsboro, MO 63050

Ph: 636-481-3144 Fax: 636-789-4012

First Name

Middle Name

Last Name

Alias/Maiden Name(s)

Will Employee's Salary Exceed \$75,000?

 No  Yes

Social Security Number

Date of Birth

Race

Gender

 Male  Female

Mailing Address (NO P.O. Boxes)

City

State

Zip

As part of the  employment  volunteer  student  credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for  employment  volunteer  student  credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant

**BACKGROUND SEARCHES** **OIG** (Medicare/Medicaid Fraud & Abuse)  **GSA** (Federal Procurement Fraud)  **\*\*FCSR** (Must Fax Necessary Documents) **SSN Verification Plus** (Address & Alias Name are included)  **Address Verification**  **Alias Name Search** **Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more) **Wants & Warrants** (Nationwide - extraditable only) **OFAC** (Specially Designated Nationals and Blocked Persons List) **\*MO DSS** (Child Abuse/Neglect) - Need Address/No P.O. Boxes **TN Abuse Registry** **\*MO Mental Health Employee Disqualification Registry** **MO EDL** (Employee Disqualification List) **FEDERAL COURTS - Criminal** State 1: \_\_\_\_\_ 2: \_\_\_\_\_ **SEX OFFENDER**  **Nationwide** or  **State 1:** \_\_\_\_\_ **DRIVING RECORD** State \_\_\_\_\_ DL# \_\_\_\_\_ **PROFESSIONAL LICENSE**  **National** or  **State** \_\_\_\_\_

Type: \_\_\_\_\_ License Number: \_\_\_\_\_

 **EDUCATION** School Name (include campus): \_\_\_\_\_

City/State: \_\_\_\_\_ / \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Date: \_\_\_\_ / \_\_\_\_

Degree Type: \_\_\_\_\_ (BSN, B.A., etc.) Name While Attending: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

 **EMPLOYMENT** Company: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_ Manager: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_

Title: \_\_\_\_\_ Starting Wage:\$ \_\_\_\_\_ Ending Wage:\$ \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED**

States with county by county access only: CA, WV and WY

County 1: \_\_\_\_\_ State: \_\_\_\_\_ County 2: \_\_\_\_\_ State: \_\_\_\_\_ County 3: \_\_\_\_\_ State: \_\_\_\_\_

**STATEWIDE CRIMINAL** - A Statewide/State Repository houses records from all jurisdictions throughout the State AL\*  AK  AZ  AR\*  CO  CT\*  DE  DC\*  FL  GA\*

- HI       ID\*\*       IN       IA\*\*       KS       KY       LA\*       MA       ME       MD
- MI       MN       MS\*       MT       NE       NV\*       NH\*\*       NJ       NM\*       NY\*
- NC       ND       OH       OK       OR\*       PA       RI\*       SC       SD       TN
- TX       UT\*       VA\*       VT\*       WA       WI

Note: Louisiana, Nevada & Ohio are Felony Only

\*Puerto Rico Repository (Felony Only Search & requires Mother's Maiden Name & Address) \_\_\_\_\_

Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (*IL Police Full-State Repository Criminal*)

MO-includes MO Sex Offender Search at no additional cost (*MO State Highway Patrol Full-State Repository Criminal*)

**\*Required Form(s) & \*\*Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669**