



EmployeeScreenIQ International Criminal History Order Form

Date (spell month):

Requestor Name:

Company Name/Branch:

EmployeeScreenIQ Account No:

Country to be Ordered:

Please process a criminal check on the following individual. Due to the difficulty in making positive identifications of individuals overseas, we will not begin the order without this minimum amount of information. Additional forms may be required to complete this order. US Social Security Numbers are not relevant for foreign background checks. Foreign Passport number or country specific identification numbers are the only recognized forms of international identification.

Last Name:

First Name:

Middle Name:

Alias/Additional Name:

Last:

First:

Middle:

Date of Birth (spell month):

Last Known Address in Country Ordered:

City / Province:

Postal Code:

Country:

Conditions of Order: IN REQUESTING THIS REPORT WE ACCEPT THAT IT CANNOT BE GUARANTEED AS ACCURATE IN THAT EmployeeScreenIQ ITS AGENTS OR ASSOCIATES HAVE NO PRACTICAL OPPORTUNITY TO AUDIT OR CONFIRM ALL SOURCE DATA. WE FURTHER AGREE THAT THE INFORMATION WILL NOT BE USED AS EVIDENCE OR AS A BASIS FOR ANY LEGAL ACTION. WE WILL NOT HOLD EmployeeScreenIQ RESPONSIBLE FOR POTENTIAL OR ACTUAL LOSSES THAT MAY OCCUR FROM ANY BUSINESS DECISION MADE SUBSEQUENT TO THE RECEIPT OF THIS REPORT. THIS INFORMATION IS FOR OUR EXCLUSIVE USE AND WILL NOT BE SOLD OR GIVEN TO THE SUBJECT OF OUR INQUIRY NOR TO INDIVIDUALS OR COMPANIES NOT PART OF OUR OWN GROUP. WE ACCEPT THAT THE CONTENT AND AMOUNT OF INFORMATION MAY VARY WITH EACH REPORT DEPENDING ON THE SITUATION YOU OR YOUR AGENTS MAY ENCOUNTER AND WHAT INFORMATION IS AVAILABLE. I UNDERSTAND THAT DATABASE RETRIEVED REPORTS ARE NON-CANCELABLE AND THAT CANCELLATIONS ON FRESHLY PREPARED REPORT ORDERS MUST BE RECEIVED IN WRITING WITHIN TWO (2) HOURS OF RECEIPT OF THE ORIGINAL ORDER AND BE APPROVED BY EmployeeScreenIQ. I UNDERSTAND PAYMENTS FOR REPORTS ARE IN ADVANCE UNLESS OTHER ARRANGEMENTS ARE MADE IN WRITING. DUE TO THE CUSTOMIZED NATURE OF YOUR BUSINESS, I AGREE THAT PAYMENTS MADE BY CHARGE/CREDIT/DEBIT CARD CAN BE DEBITED AT THE TIME OF MY ORDER AND NOT NECESSARILY WHEN DELIVERY IS MADE. I UNDERSTAND THAT REFUNDS OR CHARGE BACKS ARE NOT AVAILABLE FOR REASONS INCLUDING BUT NOT LIMITED TO CONTENT OF REPORT, POSSIBLE LATENESS, ETC. I AGREE TO THE POLICIES SET FORTH HERE, IN THE PRICING PAGES OF YOUR BROCHURE AND YOUR WEB SITE AND UNDERSTAND THAT PRICING CAN CHANGE WITHOUT NOTICE.



EmployeeScreenIQ International Education Verification Order Form

Date (spell month):

Requestor Name:

Company Name:

EmployeeScreenIQ Account No:

Please process an education verification on the following individual. Due to the difficulty in making positive identifications of individuals overseas, we will not begin the order without this minimum amount of information. Additional forms may be required to complete this order.

Last Name:

First Name:

Middle Name:

Full Name Attended Under (if different than above):

Last:

First:

Middle:

College/University Attended:

Department/School Attended (e.g. School of Law):

College/University Address:

City / Province:

Postal Code:

Country:

Phone No:

Date of Birth (spell month):

Dates of Attendance (spell months):

Date of Graduation (spell month):

Type of Degree Claimed (not US equivalent):

Major:

Conditions of Order: IN REQUESTING THIS REPORT WE ACCEPT THAT IT CANNOT BE GUARANTEED AS ACCURATE IN THAT EmployeeScreenIQ ITS AGENTS OR ASSOCIATES HAVE NO PRACTICAL OPPORTUNITY TO AUDIT OR CONFIRM ALL SOURCE DATA. WE FURTHER AGREE THAT THE INFORMATION WILL NOT BE USED AS EVIDENCE OR AS A BASIS FOR ANY LEGAL ACTION. WE WILL NOT HOLD EmployeeScreenIQ RESPONSIBLE FOR POTENTIAL OR ACTUAL LOSSES THAT MAY OCCUR FROM ANY BUSINESS DECISION MADE SUBSEQUENT TO THE RECEIPT OF THIS REPORT. THIS INFORMATION IS FOR OUR EXCLUSIVE USE AND WILL NOT BE SOLD OR GIVEN TO THE SUBJECT OF OUR INQUIRY NOR TO INDIVIDUALS OR COMPANIES NOT PART OF OUR OWN GROUP. WE ACCEPT THAT THE CONTENT AND AMOUNT OF INFORMATION MAY VARY WITH EACH REPORT DEPENDING ON THE SITUATION YOU OR YOUR AGENTS MAY ENCOUNTER AND WHAT INFORMATION IS AVAILABLE. I UNDERSTAND THAT DATABASE RETRIEVED REPORTS ARE NON-CANCELABLE AND THAT CANCELLATIONS ON FRESHLY PREPARED REPORT ORDERS MUST BE RECEIVED IN WRITING WITHIN TWO (2) HOURS OF RECEIPT OF THE ORIGINAL ORDER AND BE APPROVED BY EmployeeScreenIQ. I UNDERSTAND PAYMENTS FOR REPORTS ARE IN ADVANCE UNLESS OTHER ARRANGEMENTS ARE MADE IN WRITING. DUE TO THE CUSTOMIZED NATURE OF YOUR BUSINESS, I AGREE THAT PAYMENTS MADE BY CHARGE/CREDIT/DEBIT CARD CAN BE DEBITED AT THE TIME OF MY ORDER AND NOT NECESSARILY WHEN DELIVERY IS MADE. I UNDERSTAND THAT REFUNDS OR CHARGE BACKS ARE NOT AVAILABLE FOR REASONS INCLUDING BUT NOT LIMITED TO CONTENT OF REPORT, POSSIBLE LATENESS, ETC. I AGREE TO THE POLICIES SET FORTH HERE, IN THE PRICING PAGES OF YOUR BROCHURE AND YOUR WEB SITE AND UNDERSTAND THAT PRICING CAN CHANGE WITHOUT NOTICE.



EmployeeScreenIQ International Employment Verification Order Form

Date (spell month):

Requestor Name:

Company Name/Branch:

EmployeeScreenIQ Account No:

Please process an employment verification on the following individual. Due to the difficulty in making positive identifications of individuals overseas, we will not begin the order without this minimum amount of information. Additional forms may be required to complete this order.

Last Name:

First Name:

Middle Name:

Full Name Employed Under (if different than above):

Last:

First:

Middle:

Employer Name:

Employer's Address:

City / Province:

Postal Code:

Country:

Phone No:

Date of Birth (spell month):

Dates of Employment (spell months): From:

To:

Department Employed:

Title/Position:

Employee ID No:

Conditions of Order: IN REQUESTING THIS REPORT WE ACCEPT THAT IT CANNOT BE GUARANTEED AS ACCURATE IN THAT EmployeeScreenIQ ITS AGENTS OR ASSOCIATES HAVE NO PRACTICAL OPPORTUNITY TO AUDIT OR CONFIRM ALL SOURCE DATA. WE FURTHER AGREE THAT THE INFORMATION WILL NOT BE USED AS EVIDENCE OR AS A BASIS FOR ANY LEGAL ACTION. WE WILL NOT HOLD EmployeeScreenIQ RESPONSIBLE FOR POTENTIAL OR ACTUAL LOSSES THAT MAY OCCUR FROM ANY BUSINESS DECISION MADE SUBSEQUENT TO THE RECEIPT OF THIS REPORT. THIS INFORMATION IS FOR OUR EXCLUSIVE USE AND WILL NOT BE SOLD OR GIVEN TO THE SUBJECT OF OUR INQUIRY NOR TO INDIVIDUALS OR COMPANIES NOT PART OF OUR OWN GROUP. WE ACCEPT THAT THE CONTENT AND AMOUNT OF INFORMATION MAY VARY WITH EACH REPORT DEPENDING ON THE SITUATION YOU OR YOUR AGENTS MAY ENCOUNTER AND WHAT INFORMATION IS AVAILABLE. I UNDERSTAND THAT DATABASE RETRIEVED REPORTS ARE NON-CANCELABLE AND THAT CANCELLATIONS ON FRESHLY PREPARED REPORT ORDERS MUST BE RECEIVED IN WRITING WITHIN TWO (2) HOURS OF RECEIPT OF THE ORIGINAL ORDER AND BE APPROVED BY EmployeeScreenIQ. I UNDERSTAND PAYMENTS FOR REPORTS ARE IN ADVANCE UNLESS OTHER ARRANGEMENTS ARE MADE IN WRITING. DUE TO THE CUSTOMIZED NATURE OF YOUR BUSINESS, I AGREE THAT PAYMENTS MADE BY CHARGE/CREDIT/DEBIT CARD CAN BE DEBITED AT THE TIME OF MY ORDER AND NOT NECESSARILY WHEN DELIVERY IS MADE. I UNDERSTAND THAT REFUNDS OR CHARGE BACKS ARE NOT AVAILABLE FOR REASONS INCLUDING BUT NOT LIMITED TO CONTENT OF REPORT, POSSIBLE LATENESS, ETC. I AGREE TO THE POLICIES SET FORTH HERE, IN THE PRICING PAGES OF YOUR BROCHURE AND YOUR WEB SITE AND UNDERSTAND THAT PRICING CAN CHANGE WITHOUT NOTICE.



EmployeeScreenIQ Authorization and Release of Information

The purpose of this form is to notify you that a consumer report will be prepared on you in the course of consideration for employment with:

Company Name:

Last Name:

First Name:

Middle Name:

Date of Birth (spell month):

Age:

Current Address:

City / Province:

Postal Code:

Country:

Last Known Address in Country Ordered:

City / Province:

Postal Code:

Country:

Country of Birth:

City of Birth:

Country ID No:

Country of Issue:

Passport No:

Passport issued in (list country):

In connection with this request I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including but not limited to, information about my employment, education, consumer credit history, driving records, criminal record and general public records history to the person or company which this form has been filed, or their agent. My signature below releases the aforesaid parties or the company or individuals releasing information about me from any liability whatsoever in collecting and disseminating the information obtained. Further in accordance with host nation laws regarding the release of information, the Data Protection Privacy Act, the European Privacy Act and others, I authorize the release and transmittal of information from any country to the above agencies and my employer in the United States or other country.

Applicant Signature:

Date (spell month):
