

			CLIEN	NT REC	UEST FO	RM		
FROM:				_	ГО:	THE PRE	E-CHEC	K COMPANY
SENDER	: <u> </u>				ATTENTION:	•		DEPARTMENT
E-MAIL:	=				DUONE			
PHONE: FAX:	-				PHONE: FAX:	(216) 2	26-770(48-544	
ACCOUN	NT#:				LOCATION:	Westlal		l
The documer addressee. <i>F</i> he sender im	nt and info Any disclos mediately	rmation accomp sure or distributi by telephone ar	CONFID anying this for on to or use b and return the for	ENTIA rm are privile by anyone elsorm and acco	se is prohibited. If companying docum	CE: ial and intend you have recents to the se	ded for disc ceived this nder at the	closure only to the name fax in error, please no eabove address.
	I ha	ive attache	ed all nec	essary	eck on the documents	and info	rmatic	on.
NAME:					SS#		-	-
I have	placed	d a checkn	nark next	to the	service(s) re	equested	l for th	e applicant:
	REFERENCE - EMPLOYMENT (Supervisors' Names And Phone #'s Required)							
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	VERIFICATION - EMPLOYMENT							
	VERIFICATION - EMPLOYMENT							
	VERIFICATION - EMPLOYMENT							
	EDUCATION VERIFICATION – Date of Graduation							
	(Choose only one type of criminal search from the following three.)							
	CRIMINAL SEARCH – BASIC (County of Residence)							
	CRIMINAL SEARCH – STATEWIDE (Counties of Present and Prior Residence)							
	CRIMINAL SEARCH – PRE-CHECK COMPLETE (Counties of Present and Prior Residence)							
	MOTOR VEHICLE REPORT (State of Residence)							
	CRED	IT HISTORY						
	OTHE	R:						