Tri Med Services

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BACKGROUND SCREENING ORDER FORM

SELECT PACKAGE:

☐ **PACKAGE 1 $75.00**

INCLUDES:
- ✓ National Criminal Search
- ✓ Sex Offender Registry Search
- ✓ Terrorist Watch List Search
- ✓ Social Security Trace

☐ **PACKAGE 2 $150.00**

INCLUDES:
- ✓ Background Screening (Package 1)
- ✓ 5-Panel Drug Test

(Drug test must be completed in our office.)

APPLICANT INFORMATION

Full Name (First, Middle, Last): _____ Date of Birth: _____

Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

If applicant has lived at the current address less than two years, provide previous address:

_____

_____

EMPLOYER INFORMATION

Company/Organization Name: _____

Contact Person: _____ Phone Number: _____

Email Address for Report Delivery: _____

(Background screening report will be sent to the email address listed above.)

AUTHORIZATION & CONSENT

I authorize Tri Med Services to conduct the background screening described above and release the results to the employer/organization listed on this form. I certify that the information provided is true and complete.

X _____ Date: _____

Applicant Signature

X _____ Date: _____

Employer Representative Signature

By signing above, both parties acknowledge and authorize the background screening process.