



Please follow these directions STEP by STEP

Pre- Employment Inquiry Release- Page 1

- Full Name: (First, Middle, Last)
- Date of Birth
- Social Security Number
- Maiden name (Prior last name before getting married, FEMALE ONLY)
- Current Address
- Driver's License or State Identification Number
- Prospective Employer- **Venture Dynamics**
- Your Signature
- Today Date

Background Request Form- Page 2

Section 1: Leave Blank

Section 2:

- Social Security Number
- Date of Birth
- Phone Number (area code required)
- Full name (Last, First, Middle)
- Maiden name (Prior last name before getting married, FEMALE ONLY)

- Current Address

Section 3:

- If you live in California, Minnesota, or Oklahoma- Check Yes or No
- Would you like a copy of your background information? Check Yes or No

Section 4 & 5: Leave Blank

Employment History- pages 3 – 5

PLEASE NOTE: IF YOU DO NOT FILL OUT CORRECTLY THIS WILL SLOW DOWN THE HIRING PROCESS!!!!!!!!!!

Section 6: YOU ARE REQUIRED TO PROVIDE 7 YEARS OF EMPLOYMENT HISTORY

NOTES: LIST EMPLOYMENT HISTORY FROM PRESENT TO PAST!

- Company Name
- May we contact- Check Yes or No
- Your position/ title
- Dates of Employment (Provide at least month & year)
- Pay Rate & Pay Schedule
- Supervisor Name
- Reason for Leaving
- Address (If the company is out of business, PLEASE still provide!!)
- Phone Number (If the company is out of business, PLEASE still provide!!)

Education- Page 6

*Note: You must provide one school listing

Section 7

- School Full Name
- Address
- Telephone Number
- Did you receive a Diploma? Check YES or NO
- Or did you receive a GED? Check YES or NO (Cannot be both)
- What year did you receive your Diploma or GED



Pre - Employment Inquiry Release

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Axiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences and workers compensation records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

Applicant's Name: _____

Sample Entry:

1	2	3	A	B	C
---	---	---	---	---	---

Date of Birth* (mm-dk-yyyy):

--	--

 -

--	--

 -

--	--	--	--

 Social Security #:

--	--	--	--

 -

--	--

 -

--	--	--	--

Alias/Maiden Name(s): _____

Current Address: _____

City: _____ State:

--	--

 Zip Code:

--	--	--	--

 -

--	--	--	--

Driver's License #: _____ State:

--	--

Prospective Employer: _____

Applicant's Signature: _____ Date: _____

* Date of Birth is being requested in order to obtain accurate retrieval of records.

California, Minnesota & Oklahoma Applicants Only:

Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.



= Background Request Form =

PLEASE PRINT LEGIBLY (Illegible applications may be delayed)

Section I (Client Information)

Subscriber Code: _____ Company Name: _____

Requestor: _____ Requestor Phone #: _____

Requestor's Email: _____

Section II (Applicant Information)

Social Security #: _____ - _____ - _____ DOB: _____ / _____ / _____
Month Day Year

Applicant's Ph #: _____

Applicant's Name: _____
Last First MI

Alias/AKA/Maiden: _____
Last First MI

_____ Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Section III (FCRA Compliant)

Does the applicant live in CA, MN or OK? _____ Y _____ N

Does the applicant wish to receive a copy of their consumer report? _____ Y _____ N

Section IV (Services)

Packages:

_____ Package

Section V (Reason/Purpose)

MUST check one of the following:

_____ Employment Purpose

_____ License or Government Business

_____ Credit Transaction

_____ Collection

_____ Insurance

_____ Tenant Screening

Section VI (Employment)
Please list most recent first

Full Company Name: _____

May we contact: _____ Yes _____ No

Position/Occupation: _____

Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____

Salary: _____ Pay Schedule: _____

Supervisor Name: _____ Reason for Leaving: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Phone #: (_____) _____ Alt #: (_____) _____

Full Company Name: _____

May we contact: _____ Yes _____ No

Position/Occupation: _____

Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____

Salary: _____ Pay Schedule: _____

Supervisor Name: _____ Reason for Leaving: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Phone #: (_____) _____ Alt #: (_____) _____

Full Company Name: _____

May we contact: _____ Yes _____ No

Position/Occupation: _____

Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____

Salary: _____ Pay Schedule: _____

Supervisor Name: _____ Reason for Leaving: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Phone #: (_____) _____ Alt #: (_____) _____

Section VII (Education)

High School Name: _____

City: _____ State: _____ Zip: _____

School Phone #: _____

Diploma Received: _____ Y _____ N High School Equivalency (GED) _____ Y _____ N

Year Graduated: _____ Name graduated under: _____

College/University: _____

(PLEASE BE VERY SPECIFIC AND ACCURATE IN PROVIDING NAME)

City/Campus: _____ State: _____ Zip: _____

Dates of Attendance: _____ / _____ / _____ To: _____ / _____ / _____

Degree Received: _____

Major: _____

Date Degree Rec'd: _____ / _____ / _____

School Phone #: _____

Other: _____

City _____ State: _____ Zip: _____

School Phone #: _____

Degree Received: _____

Date Received: _____ / _____ / _____