



BACKGROUND INVESTIGATION REQUEST FORM FOR FAXED REQUESTS

Company: _____

Submitted By: _____ Date _____

Phone: _____

Fax: _____ Email _____

APPLICANT'S NAME _____

Please Print

1. Fax this form along with a copy of the following:

- Employment Application (if previous employment verification is required)
- Consent form

2. The Request Form, Consent Form and Application should be faxed to:

PESOLS BACKGROUND REQUESTS DEPARTMENT
TELEPHONE NUMBER: (912) 268-4391
FAX NUMBER: (404) 745-8530

3. Please indicate by placing a check mark beside your selection below:

____ Criminal History ____ Present Address ____ Previous Address

____ Credit ____ SSN/Address Verification

____ Employment
Number of employment references to be verified ____

____ Education (highest degree)

____ Professional License/ Credentials Verification (doctor, nurse, CPA, etc.)

____ Motor Vehicle Record ____ Standard ____ Expanded

____ Additional Services _____