

Employer Information for Background Screening of Potential Employees

Please print out form, complete in black ink and fax to us at 858-279-6580. Thank you.

Date: ____/____/____

Hospital Name _____

Address _____

City _____ ST _____ Zip _____

Telephone: Office (____) _____ Inside Line _____

FAX _____

Email _____ Web Site Address _____

Name(s) of owner(s): _____

Background Screen for the following potential employees:

Name	Position	Anticipated Start Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand each screening costs \$200.00. Total number of potential employees to screen: _____ @ \$200.00 ea
Total: _____

Please complete information below to pay by credit card and fax to 858-279-6580.

_____	MC VISA
Name as appears on card	Circle correct card
_____	_____
Card number	Expiration Date

Address for credit card (the one your credit card statements come to):

Address	City/ST	Zip code
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