



CA CRIMINAL BACKGROUND SCREENING REQUEST

Please print out, complete and fax back to 858-408-2940. Upon receipt we will forward permission form and invoice.

Practice Name: _____

Contact Name & Title: _____

Address: _____

City/ST/Zip: _____

Phone: _____ FAX: _____

Email: _____

Background screening includes the following information:

Criminal: County, Federal, and Statewide & Social Security Verification

Fees:

1- 5 employees \$140 each

6-10 \$120 each

11-20 \$100 each

Above 20 employees please call for quote.

Total number of potential employees to screen: _____ @ _____ ea Total: _____

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

Name as appears on card MC VISA AMex
Circle correct card

Card number _____
Expiration Date

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

Address City ST Zip code

Permission forms should be completed and included with this form.