

# Background Request Form

To: Corporate Screening  
Fax: 440-243-4204  
Email: request@CorporateScreening.com  
Phone: 800-229-8606

<b>Lost Hollow Property Owners Assoc.</b>	
Rep Name:	_____
Phone:	_____
# of Pages:	_____ Date: _____

Subject: \_\_\_\_\_  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE CRITERIA.**

**Lost Hollow Property Owners Assoc. Pkg.**

Social Security Number Trace  
Felony / Misdemeanor Conviction Search  
CSS CrimeSweep - National

**\*\*Please include the candidate's application and/or resume when ordering this search.**

Answers required for employment verifications:

OK to contact current/most recent employer?  Yes  No

5 year History  7 year History  As specified

Notes \_\_\_\_\_  
\_\_\_\_\_

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If you have received this communication in error, or if any problems occur with this transmission, please immediately notify Corporate Screening Services, Inc. at the telephone number listed at the bottom of this form.

**CORPORATE SCREENING SERVICES**  
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