



Integra Discovery Services / KTCM, LLC
 634 Old Liverpool Rd Suite 1, Liverpool, NY 13088
 Phone: (315)453-3929 Fax: (315)453-2349

BACKGROUND SCREENING APPLICANT INFORMATION FORM

PLEASE PRINT YOUR NAME AS SHOWN ON DRIVER'S LICENSE

FIRST	MIDDLE	LAST	MAIDEN/AKA
SOCIAL SECURITY NUMBER		STATE ISSUED	DATE OF BIRTH (MM/DD/YR)
DRIVER'S LICENSE NUMBER		STATE ISSUED	

PLEASE PROVIDE 7 YEARS OF ADDRESS HISTORY

CURRENT ADDRESS	CITY	STATE	ZIP	YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS MONTHS

PLEASE SIGN HERE

DATE

REQUESTING COMPANY

NAME

PHONE NUMBER

SEARCH TYPE: CHECK THE BELOW SCREENING SERVICES YOU WOULD LIKE:

<input type="checkbox"/> NCIS/ALIASES	<input type="checkbox"/> FEDERAL CRIMINAL	<input type="checkbox"/> PROFESSIONAL LICENSE VERIFICATION
<input type="checkbox"/> SSN VALIDATION	<input type="checkbox"/> COUNTY CRIMINAL	<input type="checkbox"/> NY STATE WIDE CRIMINAL HISTORY
<input type="checkbox"/> ADDRESS	<input type="checkbox"/> STATE CRIMINAL HISTORY () STATE	<input type="checkbox"/> GLOBAL REPORT/TERRORIST WATCHLIST
<input type="checkbox"/> MOTOR VEHICLE (NY)	<input type="checkbox"/> FEDERAL CIVIL	<input type="checkbox"/> EDUCATION VERIFICATION
<input type="checkbox"/> TENNANT HISTORY	<input type="checkbox"/> SEX OFFENDER	<input type="checkbox"/> EMPLOYMENT VERIFICATION
<input type="checkbox"/> MVR ()STATE	<input type="checkbox"/> CREDIT REPORT	<input type="checkbox"/> REFERENCE VERIFICATION

**Authorization Form
For
Background Check Screening**

Statement of Consent

I have voluntarily completed the Background Screening Applicant Information Form and give consent for this information to be given to Integra Investigation Services, Inc.

By my signature below, I authorize Integra Investigation Services, Inc. to: investigate my background, criminal history, offender status if any and any other fact of my character. I also authorize the disclosure of information from motor vehicle records agencies to PEACE, Inc. as necessary.

I, the undersigned have read, understand and agree to all terms of this release and affix my signature below in acknowledgement of same.

Signature

Date

Print name clearly