
BACKGROUND INVESTIGATION REQUEST FORM

Please complete this form and send it via fax or mail, along with a consent form signed and completed by the individual to be investigated, to COMMERCIAL INVESTIGATIONS LLC, 6 Granite Lane, Troy NY 12180, Fax 212-937-3858.

Note: No service will be provided without a Request Form and a Consent Form signed and completed by the appropriate individuals.

Organization: _____

Contact: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Client Tracking Information: _____ Use this space to enter any tracking information specific to your facility's operations. Please note it is limited to 20 characters and will be indicated on the report returned to you in response to this request.

I understand that reports are based upon information provided by the individuals investigated and the client requesting the investigations. Therefore reports are only as valid as the information received. I also understand that the information contained in the reports is obtained from considered reliable sources and has been verified based upon the information available at the time of acquisition.

I certify that my organization has obtained a signed consent form from the individual to be investigated. (Note: This is not required for vendor and company background investigations.)

I certify that the purpose for obtaining an investigation is for employment, tenant, or vendor reasons and that the information will not be used for any other purpose. I also certify that the information will not be used in violation of any applicable federal or state law or regulation.

I certify that, when applicable, my organization will comply with all preadverse and adverse action disclosure requirements.

I understand that it is the sole responsibility of me and my organization to be educated about, and in compliance with, the Fair Credit reporting Act and its amendments, as well as all other federal and state laws and regulations governing background investigations for employment, tenant, and vendor reasons.

Signature of Requester: _____ **Date:** _____

Please mark the inquiries requested and complete any supplemental information needed for the search:

- DRUG TEST** 5 Panel: _____ or 9 Panel: _____
- COUNTY CRIMINAL**
County 1: _____ State 1: _____
County 2: _____ State 2: _____
County 3: _____ State 3: _____
- STATEWIDE CRIMINAL** State 1: _____ State 2: _____
- FEDERAL CRIMINAL**- List county(ies) and state(s), a search will be conducted in the appropriate courts.
County 1: _____ State 1: _____
County 2: _____ State 2: _____
- INTERNATIONAL CRIMINAL** Country 1: _____ Country 2: _____
- DEPARTMENT OF CORRECTIONS** State 1: _____ State 2: _____
- MULTISTATE CRIMINAL**
- GLOBAL SCAN**
- SEX OFFENDER REPORT** State 1: _____ State 2: _____
- PROTECTION PLUS™**
- SSN & ADDRESS INFORMATION**
- CREDIT REPORT**

Please provide the following about the person for whom you are requesting a background investigation:

Name: _____ Social Security Number: _____

MOTOR VEHICLE State 1: _____ Number 1: _____
State 2: _____ Number 2: _____

LANDLORD CHECK
Landlord 1: _____ Landlord 3: _____
Address 1: _____ Address 3: _____
Phone 1: _____ Phone 3: _____
Landlord 2: _____ Landlord 4: _____
Address 2: _____ Address 4: _____
Phone 2: _____ Phone 4: _____

EMPLOYMENT CHECK
Employer 1: _____ Employer 3: _____
Address 1: _____ Address 3: _____
Phone 1: _____ Phone 3: _____
Employer 2: _____ Employer 4: _____
Address 2: _____ Address 4: _____
Phone 2: _____ Phone 4: _____

EDUCATION CHECK
Institution 1: _____ Institution 2: _____
Address 1: _____ Address 2: _____
Phone 1: _____ Phone 2: _____

REFERENCE CHECK
Reference 1: _____ Reference 3: _____
Address 1: _____ Address 3: _____
Phone 1: _____ Phone 3: _____
Reference 2: _____ Reference 4: _____
Address 2: _____ Address 4: _____
Phone 2: _____ Phone 4: _____

PROFESSIONAL LICENSE Type 1: _____ State 1: _____ Number 1: _____
Type 2: _____ State 2: _____ Number 2: _____

NASD CENTRAL REGISTRATION DEPOSITORY
 NURSE AIDE REGISTRY State 1: _____ State 2: _____
 OFFICE OF INSPECTOR GENERAL EXCLUSION
 GENERAL SERVICES ADMINISTRATION EXCLUSION
 NATIONAL PRACTITIONER DATA BANK
 HEALTHCARE INTEGRITY AND PROTECTION DATA BANK
 CUSTOMIZED INQUIRY Explain: _____

Please provide the following about the person for whom you are requesting a background investigation:

Name: _____ Social Security Number: _____