

Drug & Alcohol Management Professionals, LLC
Your "ONE STOP" Service Provider
BACKGROUND REQUEST FORM

FAX REQUEST TO 336-553-0781 OR
TOLL FREE 866-929-7327

COMPANY NAME: YVEDDI

Information Requested On:

FULL LEGAL NAME: _____ SEX- _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SS# _____

DRIVERS LICENSE #: _____ STATE ISSUED: _____

Signature

Employee Signature Authorizing requested reports: YVEDDI agency policy requires annual MVR checks. By signing the above authorization, I give my consent for my employer the YVEDDI to obtain these reports, as needed, as long as I am employed by the YVEDDI. (BY LAW! YOU MUST EITHER HAVE HIS/HER SIGNATURE OR BE ABLE TO SHOW PROOF OF SIGNATURE ON FILE.)

REQUESTED REPORTS:::

_____ STATE Criminal (**Indicated Which State/s:** _____)

_____ County Criminal: (Indicate Which County/s & State: _____)

_____ Credit History (**Must have all known address in last 7 years**)

Drivers License (**Include license number and state, above**)

_____ National Sex Offenders Report

_____ Address History (Find out if a potential new hire has lived in another state)

_____ Employment Verification

_____ Federal Criminal (Per District)

Order Approved By: _____ Date: _____

Phone Number: _____ Fax Number: 336.367.3637

1009 North Fayetteville Street
Ph: 336-553-0780
Fax: 336-553-0781

Asheboro, NC 27203
Toll Free: 866-629-8301
Toll Free Fax: 866-929-7327