



LOSS PREVENTION GROUP

Prevent, Detect and Recover

1925 Belmont Loop

Suite 210

Woodland, WA 98674

1-800-481-4633

www.lpgnw.com

Criminal Background Check Request

Name of Business: _____ Date & Time: _____

Phone Number: _____ Return E-Mail Address: _____

Name of Person Making Request: _____

I _____ (PLEASE PRINT) hereby release all information pertaining to my criminal, credit, military and work history to Loss Prevention Group. I am aware that all of the above references, as well as my credit report may be reviewed to determine my suitability for employment. I also understand that Loss Prevention Group may perform a background check on me at any time.

Have you ever been **convicted** of a crime? _____ If yes, please provide details and location below:

*A YES answer will not necessarily disqualify you for employment.

FOR YOUR PROTECTION, PLEASE PRINT LEGIBLY

Last Name of Applicant: _____ Maiden Name / Alias: _____
 Check box if applicant does not have a middle name

First Name: _____ Middle Name: _____

Date of Birth: _____ Social Security Number: _____

E-Mail Address: _____

Current Address: _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Counties and States lived in over the previous 7 years: _____

Signature _____

Date _____

All data provided is intended solely for the customer who initially receives such data from the provider. The provider cannot guaranty or warrant the accuracy, correctness, or completeness of the data. The provider delivers all data to customers on an "as is" "as available" basis without any express or implied warranty, guaranty, or representation of any kind concerning the data itself, its merchantability, or its fitness for a particular purpose or function. Neither the provider nor any of their affiliates shall be liable for any damages of whatever kind may result from the customer's reliance on (or use of) the data provided, even if the provider, or any of their affiliates has been alerted to the possibility of such damages. By accessing any such data, the customer acknowledges and agrees that the customer has not relied on anything that may be inconsistent with the Legal Statement. I understand that LPG, acting as the loss preventions department for the company that I am seeking employment with, completes and provides criminal background check information to said company for final review for employment purposes.

RETURN FAX (360) 841-8413

RETURN E-MAIL: LPG@LPGNW.COM