

ICU DETECTIVE AGENCY

PO BOX 12945, WICHITA, KS 67277-2945
(316) 444-2474 / Fax: (316) 541-1711

CONFIDENTIAL BACKGROUND CHECK

Requested By: _____ Date: ____/____/____

Applicant: _____
(First) (Middle) (Last)

Current Address: _____
(Street Address) (City) (State) (Zip Code)

Previous Address: _____
(Street Address) (City) (State) (Zip Code)

DOB: ____/____/____ Race: _____ Sex: _____

Soc. Sec. #: ____ - ____ - ____

Driver's License #: _____ State: _____

The Following Checks are Requested:

- | | | | | | |
|--|-----|-----|-----|-----|----|
| <input type="checkbox"/> Statewide Criminal (KS) | ATT | NRF | SAT | WND | SN |
| <input type="checkbox"/> Sedgwick County Criminal | ATT | NRF | SAT | WND | SN |
| <input type="checkbox"/> Municipal Court – Wichita | ATT | NRF | SAT | WND | SN |
| <input type="checkbox"/> KS Driver's License Report | ATT | NRF | SAT | WND | SN |
| <input type="checkbox"/> 2 nd Statewide Criminal (KS) | ATT | NRF | SAT | WND | SN |
| <input type="checkbox"/> Address History | ATT | NRF | SAT | WND | SN |
| <input type="checkbox"/> Federal Record Check | ATT | NRF | SAT | WND | SN |
| <input type="checkbox"/> SSN Verification | ATT | NRF | SAT | WND | SN |
| <input type="checkbox"/> _____ | ATT | NRF | SAT | WND | SN |

(Other Request)

The results of the above request are attached unless otherwise noted below.

Notes: _____

ATT-ATTACHED NRF-NO RECORD FOUND SAT-SATISFACTORY WND-WOULD NOT DISCLOSE SN-SEE NOTES

NOTICE: The REQUESTOR appoints ICU Detective Agency as its AGENT to conduct the requested checks: Information herein is for the sole use of the REQUESTOR based upon his/her representation that the inquire is for legitimate permissible purpose as defined in the Fair Credit Reporting Activity, Freedom of Information Activity, Fair Housing Activity or other applicable laws or regulations. REQUESTOR agrees to make all notices as required by those acts. All information has been obtained from sources believed to be reliable, but whose accuracy is not guaranteed. REQUESTOR agrees to indemnify and hold harmless ICU Detective Agency from any damages arising out of any improper use of this information, and it is furnished in reliance on that indemnity. REQUESTOR agrees to hold all information provided in strict confidence, and not to reveal it to anyone, including the applicant of the request, except as allowed by federal or state law.

Request Completed By: _____ Date: ____/____/____
(Signature)