



CONSOLIDATED SECURITY CONSULTANTS, INC.

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Company Name:	
Contact Name:	Phone:
Contact Email:	
Date Sent:	Number Of Pages (including cover sheet):

ORDER FORM

Please Select Desired Searches for this Applicant

This Page to be Completed by Company Representative

<u>CRIMINAL SEARCH PACKAGES</u>	<u>OTHER SEARCHES</u>
<input type="checkbox"/> <u>Basic Package</u> \$40 -Nationwide Search -Social Security Trace -O.F.A.C. (Office of Foreign Asset Control) <i>aka: national watch list</i> -Sex Offender	<input type="checkbox"/> <u>Employment Eligibility Verification (EEV)</u> <i>aka: E-Verify (I-9 Form Required)</i>
<input type="checkbox"/> <u>Deluxe Package</u> \$50 -contents of "Basic Package" -including unlimited county searches	<input type="checkbox"/> <u>SDN (specialty designated nationals)</u> <i>aka: global watch list</i>
<input type="checkbox"/> <u>Premium Package</u> \$60 -contents of "Deluxe Package" -including Federal 7 year Criminal	<input type="checkbox"/> <u>Out of State Driving</u> <i>State: _____</i>
	<input type="checkbox"/> <u>Out of State Workers Compensation</u> <i>State: _____</i>
	<u>OKLAHOMA SEARCHES</u>
	<input type="checkbox"/> <u>O.S.B.I. (Oklahoma State Bureau of Investigation) w/ Sex Offender</u> <input type="checkbox"/> Violent Offender (extra charge)
	<input type="checkbox"/> <u>Workers Compensation Claims</u>
	<input type="checkbox"/> <u>Driving Record</u> (Oklahoma DPS release required)

DRUG TESTING

- | | |
|--|------|
| <input type="checkbox"/> <u>5 Panel Urine Drug Screen</u> | \$45 |
| <input type="checkbox"/> <u>10 Panel Urine Drug Screen</u> | \$55 |

PRINT APPLICANT INFORMATION NEATLY

FULL LEGAL NAME: (Name as it appears on Social Security card)

FIRST:

MIDDLE:

LAST:

Social Security Number:

Date of Birth:

Any Known Alias (including maiden):

Current Address:

Current Email:

Driver's License Number:

State of Issue: