



DRAGNET BACKGROUND SCREENING SERVICES, LLC

APPLICATION FOR VENDOR SCREENING

DATE: _____ FROM: _____ EMAIL: _____
(Person Requesting Report)

**PLEASE PRINT LEGIBLY
(Contractor, Handyman, Domestic Service Worker)**

Full Legal Name of Business: _____

Business Address: _____

Business Phone Number: _____

Individual's (Worker) Full Name: _____

Individual's Social Security Number: _____ Individual's DOB: _____

Individual's Address: _____

Driver License Number: _____

The background screening being performed may include any possible: criminal records, eviction records, sexual offender records, driver license verification and citation records, financial records. I acknowledge that criminal records as well as any of the forementioned information contained in our reports may not be 100% accurate or complete. This is because the information is pulled from records maintained by public, private and government agencies and the information contained in those records may not be 100% accurate or complete, in addition to possible typos or human errors. I agree by submitting this application for processing to not hold Dragnet Background Screening Services, LLC liable for any information provided in our report or damages thereof:

Signature of Requestor of report/Homeowner

Signature of Individual/Worker