

# All Clear Employee Screening

10365 Hood Rd South Suite 103, Jacksonville, Florida 32257 Phone: 904.482.1305

**\*\*You will be required to present a valid picture ID at the time of screening\*\***

Date: \_\_\_\_\_

Employer/Contractor Name: \_\_\_\_\_

**Important Requirement:** All information regarding the applicant (Employee/contractor) must be submitted including Full Name, Address, Social Security Number, Date of Birth, Race, Sex, Height, and Weight.

**ORI#:** \_\_\_\_\_ **OCA# (Day Cares):** \_\_\_\_\_

**\*\*Incomplete information may result in rejection or delay of screening results\*\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address (No PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB (YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth State: \_\_\_\_\_ Country Of Citizenship: \_\_\_\_\_

Sex: **M** or **F** Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race (pick one): \_\_\_\_\_ **W** – White, **B** – Black, **U** – Unknown, **A** – Asian, **I** – Alaskan/Native American

**I affirm that the information provided is true and complete.**

Signature: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Please allow at least **3 business days** for your LiveScan results to reach their desired destination. If you need to check the status of your background screening, the FDLE submission verification number is **850-410-8161**. You will need the TCN number located on this receipt.

\*\*\*\*\* Office Use Only \*\*\*\*\*

DATE	DESCRIPTION	AMOUNT
Payment Method:	TCN# 70CC26____000000_____ TRANSMITTED <input type="checkbox"/> PRINTED BY: _____ <b>LIVESCAN (Level II) BACKGROUND SCREENING</b>	
	DRUG SCREENING SERVICES FEE	
	PHOTO ID# _____ TRANSMITTED <input type="checkbox"/> _____ TRAVEL FEE	
	<b>TOTAL</b>	