



The Renwick Group Inc.
PRE-EMPLOYMENT SCREENING SERVICE PACKAGE
FOR IMMEDIATE PROCESSING
FAX TO: (705) 722-5829

CLIENT INFORMATION

RG FILE #: _____

CLIENT: _____ FULL ADDRESS: _____
RECRUITER: _____ TELEPHONE: _____
EMAIL: _____ FAX: _____
REF. #: _____ DATE ASSIGNED: _____

PLEASE PROVIDE THE APPROPRIATE CONSENT RELEASE FORMS FOR THE INVESTIGATIVE STYLE OF REFERENCE CHECKS, CRIMINAL CHECKS, CREDIT CHECKS, DRIVING RECORD CHECKS AND EDUCATION VERIFICATION.

CANDIDATE(S) INFORMATION

NAME: _____ AKA: _____
ADDRESS: _____ APT: _____
CITY: _____ PROVINCE: _____
POSTAL CODE: _____ PHONE: () _____
DRIVER'S LICENCE #: _____
S.I.N.: _____ D.O.B. (MM/DD/YYYY) _____

SERVICES REQUESTED: (PLEASE CHECK THE SERVICES YOU REQUIRE)

REFERENCE CHECK: NUMBER OF REFERENCES _____

CHOOSE ONE: ONLY REFERENCES PROVIDED BY THE APPLICANT OR
INVESTIGATIVE STYLE OF REFERENCE CHECKING

CHOOSE ONE: EXECUTIVE FORMAT OR
EXPRESS FORMAT

EDUCATION CHECK:

ASSET SEARCH:

CREDIT CHECK:

CRIMINAL CHECK:

DRIVER ABSTRACT:

ADDITIONAL REQUESTS:

