

## **Background Check Verification (Drivers & Warehouse Personnel) Checklist**

## **Pre-Screening & Authorization**

Initial steps before initiating the full background check. Includes obtaining necessary consent and authorizations.

| Authorization Form Received?  Yes No       |  |
|--|--|
| Candidate Full Name  Write something       |  |
| Candidate Email Address  Write something   |  |
| Authorization Form Signed Date  Enter date |  |

| Candidate Acknowledgement (Copy/Paste from Form)   |
|--|
| Write something  |
|  |
| Background Check Type Selected (Driver/Warehouse)  |
| ☐ Driver ☐ Warehouse   |
| Background Check Order Number (if applicable)  |
| Enter a number   |
| Upload Signed Authorization Form   L Upload File   |
| Motor Vehicle Record (MVR) Verification  Comprehensive review of driving history, including accidents, violations, and license |
| status.  |
| Driver's License Number  |
| Enter a number   |
| License Expiration Date  |
| Enter date   |

| Number of Accidents in Past 3 Years         |
|---|
| Enter a number                              |
|   |
| Number of Moving Violations in Past 3 Years |
| Enter a number                              |
|   |
| Number of Suspensions                       |
| Enter a number                              |
|   |
| Details of Most Serious Violation (if any)  |
| Write something                             |
|   |
|   |
| Commercial Driver's License (CDL) Status?   |
| ☐ Yes ☐ No                                  |
|   |
| MVR Record Clean?                           |
| Yes   |
| □ No  |

| Write someth              | ng   |
|---------------------------|--|
|                           | Record Check   |
| rification of c           | iminal history, including arrest records, convictions, and court proceedin |
| Federal Crin              | inal Record Search Summary   |
| Write someth              | ng   |
| State Crimin Write someth | al Record Search Summary   |
|                           | inal Record Search Summary   |
| Write someth              | ng   |
| Niconale en e 6 de        | rrest Records Found  |
| Number of A               |  |

| Sex Offender Reç                     | istry Check Performed          | 1?                           |     |
|--------------------------------------|--------------------------------|------------------------------|-----|
| Yes                                  |                                |                              |     |
| No                                   |                                |                              |     |
| National Crime D                     | atabase Searched?              |                              |     |
| Yes                                  |                                |                              |     |
| No                                   |                                |                              |     |
|                                      |                                |                              |     |
| Summary of Sign                      | ificant Findings (if any       | ·)                           |     |
| Write something                      |                                |                              |     |
|                                      |                                |                              |     |
|                                      |                                |                              |     |
|                                      |                                |                              |     |
| Emplovmen                            | t Verification                 |                              |     |
| Employmen confirming previous        |                                | verifying job responsibiliti | es. |
| confirming previous                  | employment history and         | verifying job responsibiliti | es. |
|                                      | employment history and         | verifying job responsibiliti | es. |
| confirming previous                  | employment history and         | verifying job responsibiliti | es. |
| Confirming previous  Previous Employ | employment history and er Name | verifying job responsibiliti | es. |

| Write something                            |  |
|--|--|
| Contact Person at Previous Employer (Name) |  |
| Write something                            |  |
| Contact Person's Email Address             |  |
| Write something                            |  |
| Start Date of Employment                   |  |
| Enter date                                 |  |
| End Date of Employment                     |  |
| Enter date                                 |  |
| Years of Service                           |  |
| Enter a number                             |  |
| Job Title and Responsibilities             |  |
| Write something                            |  |
|  |  |

| Reason for Leaving  Voluntary Resignation  Layoff  Termination  Other  |
|--|
| Drug & Alcohol Screening (If Applicable) esults and verification of pre-employment and ongoing drug and alcohol screening, if equired by company policy or regulation. |
| Screening Date  Enter date   |
| Screening Type  Pre-Employment Random Post-Accident Reasonable Suspicion   |
| Drug Screen Result (e.g., COOH, THC)  Enter a number   |
| Alcohol Breathalyzer Result (BAC)  Enter a number  |

| Result Interpretation  Negative Positive Dilute Invalid   |
|---|
| Comments/Notes (e.g., reason for retest, medical review officer comments)                       |
| Write something   |
| Lab Report (PDF)  Lab Upload File   |
| Medical Review Officer (MRO) Action   |
| Reviewed & Verified Negative  |
| Reviewed & Verified Positive (with explanation)  Further Review Required                        |
| Education & Certifications  |
| Verification of claimed educational degrees, certifications, and licenses relevant to the role. |
| Highest Level of Education Completed  |
| Write something   |
|   |

| Name of Educational Institution(s)                   |  |
|--|--|
| Write something                                      |  |
|  |  |
| Graduation Date (or Expected Graduation Date)        |  |
| Enter date   |  |
| Major/Area of Study                                  |  |
| Write something                                      |  |
| Copy of Diploma/Transcript (Optional)  L Upload File |  |
| Relevant Certifications (e.g., Forklift, Hazmat)     |  |
| Forklift Certification                               |  |
| Hazmat Certification                                 |  |
| CDL (Specific Class)                                 |  |
| OSHA Certification                                   |  |
| Other  |  |
| Details of Other Certifications (if selected above)  |  |
| Write something                                      |  |
|  |  |

| Enter a number   |  |
|--|--|
|  |  |
| eference Checks  |  |
| ntacting and verifying information provided by listed professional references. |  |
| Reference 1: Full Name   |  |
| Write something  |  |
|  |  |
| Reference 1: Job Title (at time of reference)                                  |  |
| Write something  |  |
|  |  |
| Reference 1: Phone Number  |  |
| Write something  |  |
|  |  |
| Reference 1: Email Address   |  |
| Write something  |  |
|  |  |
| Reference 1: Summary of Conversation - Key Points & Observations               |  |
| Write something  |  |
|  |  |
|  |  |

| Reference 1: Overall Impre<br>Teamwork)             | ession of Candidate (Work Ethic, Reliability,              |
|---|--|
| Excellent   |  |
| Good  |  |
| Fair  |  |
| Poor  |  |
| Not Applicable                                      |  |
| Reference 1: Would you re                           | ehire this candidate?                                      |
| Yes   |  |
| No  |  |
| Maybe   |  |
| Date of Reference Check C                           | Completed  |
|   | cation  check results and making a determination regarding |
| uitability for employment.  Summary of Background ( | Check Findings   |
| Write something                                     |  |
|   |  |

| Overall Suitability Assessment  Suitable for Employment Unsuitable for Employment Further Review Required |
|---|
| Justification for Suitability Assessment (Required if not 'Suitable')                                     |
| Write something   |
| Score/Risk Level (If Applicable - based on internal scoring system)                                       |
| Enter a number  |
| Mitigation Plan (If 'Further Review Required' or 'Unsuitable')  Write something                           |
| Compliance with FCRA (If Applicable)  Yes  No N/A   |
| Date of Adjudication Review  Enter date   |

| suring proper documentation of all verification steps and maintanpliance with legal and company requirements. | ining records in |
|---|------------------|
| ackground Check Start Date  |                  |
| Enter date  |                  |
| Background Check Completion Date  |                  |
| Enter date  |                  |
| Background Check Authorization ID   |                  |
| Enter a number  |                  |
| Summary of Findings/Notes   |                  |
| Write something   |                  |
|   |                  |

**Reviewer Signature** 

| Adjudication Decision  Hire Conditional Hire Do Not Hire |
|--|
| Reason for Adjudication Decision (If not 'Hire')         |
| Write something  |
|  |
| Reviewer Signature                                       |
| Reviewer Name (Printed)                                  |
| Write something  |