



**People  
Check**  
We Check That

## Client Info Sheet

Name:

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

Social: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose of visit:

Drug Test  Fingerprinting  Physical  CPR  Covid19

Service for:

Self  Company Company Name: \_\_\_\_\_

\*\* I will adhere to all instructions provided by People Check Services and understand failure to comply may result in termination of any, and all services. I accept financial responsibility for any service not covered by my employer and "Payment in Full" is expected prior to service. It is responsibility of SELF or paying COMPANY to assure proper codes, or screening needs are presented at time of service."

\_\_\_\_\_  
(Signature)

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

Office Use

Customer Pay  Company Pay  Open  Closed Pay Source Pay Source: \_\_\_\_\_