



Hesperia, California
Contact: (909) 561-0404
Email: info@armorinvestigations.com
www.armorinvestigations.com

Dates Assigned: _____ Date Report Needed: _____

Client Information:

Client Name: _____ Phone: _____ Cell: _____

Fax: _____ Email: _____

Company: _____ Address: _____

- Assignment Type:** Worker's Comp Liability AOE/COE Disability Surveillance
 Activities Check Locate Background Pre-trial Prep Pre-Hire

The above company and person, here by requests Armor Investigative Services to perform an investigation on the person(s) listed below. This investigation will consist of only the items requested in the boxes below.

Subject Information: (For multiple subjects use additional forms)

Name: _____ Phone #: _____

Address: _____ Occupation: _____

DOB/Age: _____ / _____ SS#: _____ Driver's License #: _____ Married: Y/N Kids: Y/N

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Sex: _____

Subject Represented: Y/N Deposition Taken: Y/N Prior Investigation: Y/N Photo: Y/N

Employer Information:

Company: _____ Address: _____

Contact Phone #: _____ OK to Contact ER: Y/N Contact: _____

Searches Requested:

- SS# Trace Driving Record Check Credential Verification Education Verification Employment Verification
 Criminal Records Check: * (specify county) Civil Records Check: * (specify county)
Federal: _____ Federal: _____
County: _____ County: _____
 State Wide Sex Offenders Record Check Other: _____

*Criminal Records checks cannot be run without the applicant's date of birth and social security number. Please remember to include the Authorization to Release Information Form and the Application Form.

Please email this information along with each of the prospective employee's application and signed release to info@armorinvestigations.com