



## Background Screening Report

FILE NUMBER	1634	REPORT DATE	07-29-2010
REPORT TO	Mid Maine Drug Screening (105) 250 Center St #403 Auburn, Me 04210 Phone: 207-577-6000 Fax: 207-777-0052	ORDER DATE	07-29-2010 Mitchell Sweetser
		REFERENCE	TEST
		TYPE	A La Carte

### Application Information

APPLICANT	MOUSE, MICKEY	SSN	XXX-XX-4455	DOB	-
ADDRESS(ES)	123 MEMORY LANE	CITY / STATE / ZIP	CASTLEVILLE, FL 34567		

### Verification

#### Employment Verification

RESPONSE RECEIVED	<b>Yes</b>	SEARCH DATE	07-29-2010 8:41 PM MDT
NAME	MOUSE, MICKEY	HOW VERIFIED	fax
EMPLOYER	<b>DINEY</b>	DATE VERIFIED	07-29-2010
SUPERVISOR	DONALD DUCK	VERIFIED BY	M. Sweetser
ADDRESS	LAS ANGELES, CA 35473		
PHONE	123-123-4567		
FAX			
E-MAIL			

	SUBJECT-PROVIDED INFORMATION	EMPLOYER-PROVIDED INFORMATION
POSITION	SUPERVISOR	
HIRE DATE	01-10-1999	
TERMINATION DATE	06302004	
WAGE/SALARY		
TYPE/STATUS		

QUESTIONS **Please explain his/her job requirements and nature of his/her duties?**

**Do you recommend him/her for employment?**

yes

**What was the reason for his/her separation with your company?**

resignation

**Did he/she receive any employee warning notices?**

no

**In your opinion, has he/she ever shown a propensity for violence or dishonesty in the workplace?**

no

**Has he/she ever tested positive or refused a controlled substance and/or alcohol test within the last two years?**

no

**Is he/she dependable?**

yes

**What could he/she do to improve his/her job performance?**

**When he/she begins a task, would you say that he/she carries it through to completion?**

**How long have you known him/her?**

**How did he/she show initiative in his/her job?**

**How did he/she get along with his/her associates?**

**Were his/her attendance requirements followed?**

**How would you describe his/her job performance including strengths and weaknesses?**

**Is he/she eligible for re-hire?**

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**Disclaimer**

This report is furnished to you pursuant to the Agreement for Service between the parties and in compliance with the Fair Credit Reporting Act. This report is furnished based upon your certification that you have a permissible purpose to obtain the report. The information contained herein was obtained in good faith from sources deemed reliable, but the completeness or accuracy is not guaranteed.

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**\*\*\* End Of Report \*\*\***

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