

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

To: **The Campbell Agency - Attn: Doreen  
Work Comp Specialists**

Fax: 850-234-3505

From: Company: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

Re: **New Employee History Check**

Please perform a history check on the following employees.

<u>Last Name</u>	<u>First Name</u>	<u>SS#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\*\*\*Please note: History checks can only be performed after an offer of employment has been extended.**