



THE FREEDOM TO FOCUS ON YOUR FUTURE

NAME (First, Middle, Last) \_\_\_\_\_ Gender Male / Female

MAIDEN NAME (If applicable) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

1<sup>ST</sup> PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

APPLICANT SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DRIVER'S LICENSE # AND STATE ISSUED: \_\_\_\_\_

**APPLICANT AUTHORIZATION**

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that is included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations who have provided information in connection with my INSIGHT report.

**CONSUMER DISCLOSURE**

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes.

APPLICANT'S SIGNATURE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE

*California, Minnesota & Oklahoma residents only:*

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.  
 Yes  No

**For GA Criminal Searches Only (Must Check One):**  Employment w/ Mentally Disabled (Purpose Code M)

Employment w/ Elder Care (Purpose Code N)  Employment w/ Children (Purpose Code W)  None Apply

**Company Name:** \_\_\_\_\_ **Requester** \_\_\_\_\_

Criminal Records  Credit Report (Persona)  Motor Vehicle Record  FACIS (Healthcare Only)

SS number & Name Verification /Address search

Criminal (Where?)(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Employment (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Professional License verification \_\_\_\_\_ Education verification \_\_\_\_\_



Fax to Insight @ 1-800-888-3487