

NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST 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.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint.

New York employers and residents only:

By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

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: Town Of Wrightsville Beach **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 _____