

☐ ☐

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 a criminal records search and sexual offender search for the purpose of evaluating me for employment, retention, promotion or reassignment. Furthermore, I authorize FirstPoint to verify my credit history if I have applied for a senior level finance position at the college.

*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 consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes. I understand that this Authorization and Disclosure form shall be in effect for the duration of my employment and shall serve as ongoing authorization to procure a consumer report at anytime during the course of my employment.

\_\_\_\_\_  
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 \_\_\_\_\_