



NAME (First, Middle, Last)	Gender Male / Female
MAIDEN NAME (If applicable)	
CURRENT ADDRESS:	HOW LONG?
CITY, STATE, ZIP:	
1 ST PREVIOUS ADDRESS	HOW LONG?
CITY, STATE, ZIP:	
APPLICANT SOCIAL SECURITY NUMBER	: DATE OF BIRTH//
DRIVER'S LICENSE # AND STATE ISSUED):
VOLUNTI	EER APPLICANT AUTHORIZATION
I hereby authorize FirstPoint, Inc. ("FirstPoint" further authorize FirstPoint to perform a crimin) to prepare an INSIGHT report that will include verification of my driving records. I al records search.
	e the accuracy or timeliness of the information obtained from other sources and that y in the information obtained from other sources that are included in the INSIGHT
	ride such information to FirstPoint and I hereby release and hold harmless FirstPoint, ed information in connection with my INSIGHT report.
New York employers and residents only: By signing this consent form I acknowledge rec	ceipt of a copy of Article 23-A of New York Corrections Law.
	CONSUMER DISCLOSURE
I understand that a consumer report (Insight) m	ay be obtained from the FirstPoint, Inc for background screening purposes.
APPLICANT'S SIGNATURE	DATE // NT IS UNDER 18 YEARS OLD) DATE
PARENT/GUARDIAN SIGNATURE (IF APPLICA	NT IS UNDER 18 YEARS OLD) DATE
California, Minnesota & Oklahoma residents o I want to receive a free copy of any Consume □Yes □No	only: r Report, Investigative Consumer Report or Credit Report on me that is requested.
	Check One): Employment w/ Mentally Disabled (Purpose Code M) Employment w/ Children (Purpose Code W) None Apply
MCHS – Volunteers	Requester
Criminal Records Search	(Search Where?)
National Sex Offender Registry	
Social Security Number & Name Verifica	tion /Address Search

