

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 perform a criminal records search on me as a potential employee for Thomasville City Schools.

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 are 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 that have provided information in connection with my INSIGHT report.

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 if the position dictates such information.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE

Thomasville City Schools

Requester: Edith Kindley

- Criminal Records Search States to be searched? North Carolina and any other applicable state
- Federal Criminal Records Search
- National Sex Offender Registry