# FIRST POINT BACKGROUND CHECK

NAME (First, Middle, Last)_____

MAIDEN NAME (If applicable)_____

CURRENT ADDRESS:_____HOW LONG?_____

CITY, STATE, ZIP:_____

2ND PREVIOUS ADDRESS_____HOW LONG?

CITY, STATE, ZIP:_____

APPLICANT SOCIAL SECURITY NUMBER: _____-_____ -_____

DATE OF BIRTH 01/1/1650

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 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 SIGNATURE DATE

_____

*For office use only* *Fax to Insight @ 1-800-888-3487*

Company Name:_____Requester: _____

| | | |
|---|---|---|
| ☐ Criminal Records | ☐ Credit Report | ☐ Motor Vehicle Record |
| ☐ Multi-State Criminal Index | ☐ SS Number & Name Verification/Address Search | ☐ FACIS (Healthcare Only) |

Criminal (Where?) 1_____2_____3 _____

Employment 1_____ 2_____3_____

Professional License Verification_____Education Verification_____

# AUTHORITY FOR RELEASE OF INFORMATION
## State Access Only
### Name Check Access

I authorize the North Carolina Department of Justice through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with THE PINES AT DAVIDSON pursuant to DHHS-LONG-FERM-STA-FE AND FED-NCGS 122C-80B/13'ID-40A A1/13°ID-40A A1.

(type or print clearly)

| Last Name | First | Middle | Maiden |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| Social Security Number (Optional*) | Date of Birth | Sex | Race |
| _____ | _____ | _____ | _____ |

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

_____

Date

_____

-rhis form must be maintained on file with the above named agency for once year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation
Criminal Information and Identification Section
Attn: Applicant Unit
Post Office Box 29500
Raleigh, North Carolina 27626-0500

ORI # HCPNH0072 - THE PINES AT DAVIDSON

HCPNH0072