FIRSTPOINT
THE FREEDOM TO FOCUS ON YOUR FUTURE

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 driving records. 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 and that FirstPoint will not be liable for any inaccuracy in 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'S SIGNATURE **DATE**

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: Greater Atlanta Christian School
Requester _Sherry Bolling_____

Criminal Records ☐ SS number & Name Verification /Address search ☐

Criminal (Where?)(1)_____ (2) _____ (3) _____

(4)_____ (5) _____ (6) _____

Do not fax to number below, please forward to Sherry Bolling in the Business Office of GACS.

Insight®

Fax to Insight @ 1-800-888-3487