



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 StellarOne Corporation to prepare an INSIGHT report that will verify my past and present driving records, education records, credit history, and professional credentials. I further authorize StellarOne Corporation to perform a criminal records search. StellarOne Corporation does not guarantee the accuracy or timeliness of the information obtained from other sources and StellarOne Corporation will not be liable for any inaccuracy in the information obtained from other sources that is included in the report.

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 report.

**CONSUMER DISCLOSURE**

I understand that a pre-employment consumer report may be obtained for employment purposes.

\_\_\_\_\_  
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/ Children (Purpose Code W)

- Employment w/ Elder Care (Purpose Code N)
- None Apply