



APPLICANT CONSENT FORM FOR CONSUMER REPORTS

APPLICANT NAME / OTHER INFORMATION

Last		First		MI
DOB / / 19		SSN NO - -		Sex (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female
Former Names/Maiden Name			Telephone Number () -	
DL #			State Issued	
Position Applying for				
College Department			Department Supervisor	

CURRENT and PREVIOUS ADDRESS

Current Address	City	County	State	Zip	Dates / to /
Previous Address	City	County	State	Zip	Dates / to /
Previous Address	City	County	State	Zip	Dates / to /
Previous Address	City	County	State	Zip	Dates / to /
Previous Address	City	County	State	Zip	Dates / to /

I hereby authorize Florence Darlington Technical College (FDTC) and Applicant Insight, Inc. (Ai) and any of its authorized agents to gather information about me regarding the following: All records including criminal, civil, driving record, professional certifications, workers' compensation (as allowed by law), credit, and/or education. I also release all information (salary data, etc.) from previous employers (including governmental agencies, military service, etc.) whether contained in written records or not or any other pertinent information relating to the successful function of my job.

I hereby release FDTC, Ai (its client, as well as agents), former employers, and other references from any liability and understand that there is no invasion of personal privacy. All information will be obtained in connection with an application for employment. Upon receipt of a photocopy of this authorization any such person may accept the photocopy with the same authority as the original authorization. You hereby authorize the obtaining of such consumer reports and investigative consumer reports for this company and any other company with which they contract for your services.

I have the right to request a copy of the report from Ai (upon proper identification). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for procurement of consumer reports at any time during my employment or contract period. I also understand that all information is being obtained pursuant to the Fair Credit Reporting Act (FCRA).

Applicant Signature: _____

Date: _____

Applicant Insight – P.O. Box 458, New Port Richey, FL 34656
Local: (727) 841-0918 Toll Free: 800-771-7703 www.ainsight.com

FAX THIS FORM BACK TO : 800-813-4336