Town of Chapel Hill Consumer Reports Release



POSITION TITLE:	
DEPARTMENT:	
SUPERVISOR:	
HR PARTNER:	

ILLEGIBLE FORMS MAY EFFECT YOUR TURNAROUND TIME. PLEASE MAKE SURE ALL INFORMATION IS COMPLETELY FILLED OUT SO WE CAN CONTACT YOU SHOULD THERE BE A NEED FOR VERIFICATION.

OUT SO WE CAN COI	NTACT YOU SHOULD THERE E	BE A NEED FOR	VERIFICATION.
First name:			
ast name:			
Maiden name:			
Social security number:			′/_
Gender (circle one): male/female			
Current address:			
			how long?
Previous address:			
			how long?
Oriver's license #	state issued	:expira	ation date:
Candidate's email address:			
nature and scope of any investigative consum common form of investigative consumer report	within a reasonable time, to request er report and to request a copy is an employment history or verifit toointresources.com. The scope of t	of your report. Ple cation. These searc his disclosure is all-	emer report has been run about you, and disclosure of the ease be advised that the nature and scope of the most ches will be conducted by FirstPoint, Inc., P.O. Box 26140-encompassing, however, allowing The Town of Chapel Hiller to the extent permitted by law.
Signature	Date		
Printed Name	Date of	Birth and last four o	of SSN
	OFFICE USE ONLY B	ELOW THIS LIF	NE
Requestor:Date Request Criminal Records Credit Report Motor Ve Criminal VerificationsWhere? L2.			
Education VerificationsWhere Professional License VerificationsWhere	?		