



Premier Provider of Employment Screening Services

State of New Jersey
Department of Workers' Compensation

Date: _____

I, _____, am authorizing Applicant Insight to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf to the New Jersey Department of Workers' Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

Social Security Number: _____ - _____ - _____

Signature: _____