



**APPLICANT  
INSIGHT®**

Powerful Insight From People You Trust  
Premier Provider of Employment Screening Services

State of Pennsylvania  
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 Pennsylvania Department of Workers' Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_