



## BACKGROUND SCREENING REPORT

P.O. Box 458  
New Port Richey, FL 34656  
Local: (727) 807-2179 Fax: (800) 987-7815  
Toll Free: (800) 771-7703  
<http://www.applicantinsight.com>

**SUBJECT NAME: Consumer, Jonathan**  
**SOCIAL SECURITY #: 548-60-3388**  
LOCATION: **Client Demonstration Account**  
CLIENT ID: **C0249-00-0000**  
REQUEST DATE: **08/12/2008**

### Confidential Information Enclosed

Information in this Consumer Report must be held in utmost confidence and there must be strict procedures maintained by the recipient to secure information against unauthorized third party access or use.

Information contained in this report is obtained from sources deemed reliable, though the accuracy of the information is not guaranteed. Human error in compiling this information is possible. Reasonable procedures will be followed to ensure the accuracy of information and reinvestigation will be conducted upon request. The Fair Credit Reporting Act requires specific procedures if adverse action is taken, in whole, or in part based upon the information contained in this report.

<b>Worker's Compensation Results</b>
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Worker's Compensation information is only to be used in post-employment offer situations.

Caution must be used when utilizing this information for adverse action due to limited identifiers as well as possible inaccuracies in documentation of records.

Name Searched: **Consumer, Jonathan**

State Searched: **FL**

<b>Record Found</b>
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Identifiers Provided	Exact Match	Identifiers Found
Name: Consumer, Jonathan	<b>Yes</b>	<b>Consumer, Jonathan</b>
DOB: Unspecified	<b>Yes</b>	
SSN: 548-60-3388	<b>No</b>	<b>Not Found</b>
Sex: Not Specified	<b>No</b>	<b>Not Found</b>
Race: Unknown	<b>No</b>	<b>Not Found</b>
Other:		<b>None</b>

Date of Accident:	<b>01/15/08</b>
Employer:	<b>ABC Distributing</b>
Insurance Carrier:	<b>United</b>
Nature of Injury:	<b>Arm</b>
Cause of Injury:	<b>Fall</b>
Claim Type:	<b>Temporary Total</b>

Comments:

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