



Attention: Cheryl, Copy File Clerk
Department of Labor and Industry

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 Minnesota Department of Labor and Industry, in compliance with the Federal American Disabilities Act.

The above search is a condition of future employment with _____

Please forward any and all results, as well as copies of claims and dispositions to the following address.

Eli Gonzalez
1-800-245-2318 ext. 2198
Applicant Insight
P.O.Box 458
New Port Richey, FL. 34656-0458

Thank You,

Name: _____

AKA: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____