



Date: \_\_\_\_\_

## **Authorization to Obtain Verification (Previously known as Form B or Agency Confirmation)**

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Company Phone: \_\_\_\_\_

**Please have the employee listed above complete and sign the following:**

Case # \_\_\_\_\_ Caseworker Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Caseworker Name \_\_\_\_\_

In what state were benefits received? \_\_\_\_\_

In what county were benefits received? \_\_\_\_\_

I hereby authorize Dept. of Human Services, Dept. of Corrections, Dept. of Social Services, Dept. of Vocational Rehabilitation, Dept. of Welfare, Dept. of Veterans Administration, Dept / Bureau of Motor Vehicles or any other agencies, organizations, or individuals to supply such verification as may be needed to determine eligibility for WOTC, and/or State Hiring Credits to the Dept. of Labor, State Employment Security Agency, and/or to my employer or employer representative, First Advantage, 9025 River Road, Suite 300, Indianapolis, IN 46240, phone (888) 488-8533.

Drivers License Number: \_\_\_\_\_ License Issue State: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Even if employee is unable to complete the information listed above, mail signed form to First Advantage immediately.**

First Advantage  
9025 River Road, Suite 300  
Indianapolis, IN 46240

First Advantage Use Only