



OH Workers' Comp Claim Report

Instructions to order search

To order an OH Workers' Compensation claim report, please follow these instructions:

1. Order the OH Workers' Comp claim report online through your NCS account.
2. Complete the attached Request Form and the OH Workers' Compensation Authorization form.
3. Fax the completed forms to NCS at 800-571-6303.

The results will be uploaded to your online account and an e-mail will be sent to you as soon as the results are available. Expect at least a week to receive your results.

Contact NCS if you have any questions.

Phone: 888-527-3282

Fax: 800-571-6303

E-mail: support@nationalcrimesearch.com

Thank you for your business.

Sincerely,

NCS



WORKER'S COMPENSATION REQUEST FORM

Company & Person Requesting: **National Crime Search, Inc.**
Travis Fink
Account Number: E0926

Date:

SUBJECT INFORMATION

(MUST BE PROVIDED FOR ALL REQUESTS)

NAME:

DOB:

SS#:

ADDRESS:

OCCUPATION:

W/C SEARCH STATE:

FAX THIS DOCUMENT WITH ANY STATE SPECIFIC AUTHORIZATION FORMS TO

800-571-6303

Disclosure and Release of Information Authorization
Consumer Report/Investigative Consumer Report
Important: Please read carefully

As an applicant for employment or an employee, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you for employment, promotion, reassignment, or retention as an employee, a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or during your employment.

I authorize _____ and _____, a consumer reporting agency, to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information obtained may include, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, workers compensation, professional licenses, credit reports, driving history, and criminal history records.

I understand that a Consumer Report or Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to:

_____, 100 Rialto Place, Suite 800, Melbourne, Florida 32901-3004. Phone 1-800-725-3343. FAX : 1-800-780-3299.

I understand that by requesting this information, no promise of employment is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by _____, Inc. this authorization will remain in effect throughout such employment. I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.

READ, ACKNOWLEDGED AND AUTHORIZED

Signature Date

NOTE: I am providing the following voluntarily.

PLEASE PRINT CLEARLY

NAME _____
First Middle (Full) Last Maiden

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH (for ID purposes only) _____ - _____ - _____
MO DAY YR

SEX _____ RACE _____ DRIVER'S LICENSE # _____ STATE _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____

If you are applying for employment in California, Minnesota, or Oklahoma and would like a copy of any Consumer Report prepared on you please check this box. If you elect not to receive a copy please check this box.