

# Background Authorization Form

## DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

(This form authorizes **Christ Community Church** to obtain background information and must be completed by the applicant. Christ Community Church must keep this completed form on file for at least two years after requesting a background check)

In connection with my application for employment or to serve as a volunteer with **Christ Community Church and her ministries** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or \*other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

**\* No volunteers or employees will be investigated on their financial consumer reports unless a separate written and signed agreement is presented and authorized by the volunteer or employee prior to obtaining the financial investigation report.**

### Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge I may request at anytime of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

I am submitting this request as I plan to work with:  AHG  Nursery  Children  Youth  Other: \_\_\_\_\_.

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

### Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name: \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name as listed on your Driver's License: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_