

## DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION

I understand that in connection with my application for employment, promotion, or as a volunteer, a consumer report may be requested. This report may contain information as to my character, general reputation, personal characteristics or mode of living.

I hereby authorize and request any former employer, school, law enforcement agency, government agency or other persons having personal knowledge about me to furnish Protect my ministry with any and all information in their possession regarding me.

I understand and offer my consent for Protect my ministry to inquire into and/or obtain any records such as previous employment, references, educational, motor vehicle records, drug and alcohol results and criminal histories.

I acknowledge that a photocopy or fax of this authorization be accepted with the same authority as the original. According to the Fair Credit Reporting act, I am entitled to know if employment or services as a volunteer are denied because of information obtained from the Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I understand that my consent will apply throughout my employment or volunteer status, to the extent permitted by law. I have read

and understand this disclosure and consent form. Signature of Applicant Date Applicants Full Name (please print) Please print other names you have used and the date changed The following is for identification purposes (to perform the background check and will not be used for any other purpose) Drivers License #/State Issued: Social Security Number Date of Birth Current Address City/State Zip Code County Length at Address Length at Address Former Address City/State Zip Code County Former Address City/State Zip Code Length at Address County Former Address City/State Zip Code Length at Address

County

NOTE: WE NEED ALL ADDRESSES FOR THE PAST SEVEN YEARS