

## **BACKGROUND CHECK CONSENT**

### **Consumer Reports and Investigative Consumer Reports Disclosure/Notice and Authorization**

#### **Disclosure:**

This form is to notify you that a Consumer Report and/or an Investigative Consumer Report may be obtained as part of your agreement process. A "consumer report" is any written, oral, or other communication bearing on reputation, personal characteristics and/or mode of living. An "investigative consumer report" contains information which is obtained through personal interviews with your business associates, family members, friends, neighbors, or other third parties with whom you are acquainted. This information will include inquiries regarding your personal characteristics and/or mode of living.

Before any adverse decision is made based on the information contained in a consumer report or an investigative consumer report, you will be given a copy of the report as well as a summary of your rights under the Fair Credit Reporting Act.

#### **Authorization:**

By my signature below, I authorize PCG Screening Services, LLC and Conference of Southern Baptist Evangelists and/or any of its affiliates to receive information in connection with my application for membership with Conference of Southern Baptist Evangelists.

I authorize all law enforcement agencies and courts to release all written and verbal information about me to include criminal history record information and driving license history record information. I further authorize the performance of, the procurement of, and the release of consumer reports and/or investigative consumer reports.

I further understand that any and all information contained in my application may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports and I confirm that all such information is true and correct.

This authorization is good for 180 days from date of signature and if hired or accepted as a member, will remain in effect for periodic background checks for the duration of my employment or membership with this company. Facsimile and electronic signatures, when used, shall be deemed legal, valid and binding upon the signing party to this authorization. I understand that I am not required to use facsimile or electronic signatures; at my option, I may elect to sign on paper and mail this form.

I will be working with the following types of people: (Check or circle all that apply.)

- (M - Mentally disabled)
- (N - Elder care)
- (W - Children)

**PLEASE USE BLACK INK ONLY**

Applicant's Name: \_\_\_\_\_

Maiden Name or Other Name Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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