

Personal Background Inquiry Authorization Release

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that backgroundchecks.com, on behalf of Florida Gardens Baptist Church may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Florida Gardens Baptist Church's consideration of me as a volunteer or an individual for employment, promotion or position re-assignment or contract now, or at any time during my association with Florida Gardens Baptist Church, and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .
- IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by backgroundchecks.com to furnish the information described in Section I.
- V. Communications with backgroundchecks.com should be directed to PO Box 353, Chapin SC 29036 or (866) 300-8524.

CANDIDATE COMPLETE THE FOLLOWING:

Signature	Today's Date
Print Name: (First) _____ (Middle) _____ (Last) _____ (Maiden) _____	
Other Names Used _____	
Current Address Since: (Mo/Yr) _____ (Street) _____ (City) _____ (State/Zip) _____	
Current Address Since: (Mo/Yr) _____ (Street) _____ (City) _____ (State/Zip) _____	
Current Address Since: (Mo/Yr) _____ (Street) _____ (City) _____ (State/Zip) _____	

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth	
Driver's License Number and State	Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:
 In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, backgroundchecks.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. backgroundchecks.com's policy requires purchasers of these reports to have signed a Service Agreement. This assures backgroundchecks.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact backgroundchecks.com.