

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information obtained through personal interviews concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, and/or mode of living may be obtained in connection with your application for and/or continued employment, contract for services or volunteer services with Immanuel Lutheran. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment, contract for services or volunteer services with Immanuel Lutheran.** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Protect My Ministry, 14499 Dale Mabry Highway, Tampa, FL 33618 800-319-5581.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Immanuel Lutheran to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my application for and/or continued employment, contract for services or volunteer services at Immanuel Lutheran. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above, and have received a Summary of My Rights Under the FCRA. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Drivers License Number

Drivers License State

Any other names I have been known by (including maiden name): _____

Address: _____

City, State, Zip Code: _____

Email address: _____

Signature

Date

Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.