## **Applicant Notification for Release of Information**

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion or placement in the care of minor children. This report may include information relating to your character, general reputation, personal characteristics, or mode of living, and is being provided by Horizon Background Screening - Phone 404.556.1349. Fax to: 866.596.4891



## **Authorization for Release of Information**

Please write clearly in Black Ink only

I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report is conducted, I will be notified in writing with in three days from request of said report. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

I also hereby give my permission to Faith Community Church to obtain any information gathered by Horizon Background Screening. I understand that any false statements or implications made by me on this application or other required documentation shall be sufficient cause for denial of or removal from a position of ministry within the church. In addition, I understand that as long as I remain a member of Faith Community Church, the criminal history records and/or the sexual offender search may be repeated at any time.

| Name (Last)   | (First)                     | (Middle)                   |                 | -  |
|---|-----------------------------|----------------------------|-----------------|----|
| List any other name used in the last 7 years        |                             |                            |                 | -  |
| Date of birth/ Social Security N                    | lumber                      |                            |                 |    |
| Drivers License # State                             | Phone # (Day) (             | )                          |                 |    |
| Professional License Held                           | State Lic.#                 |                            | _               |    |
| • List your current mailing address as well a       | s any other cities or tow   | ns you have lived in the   | e past 7 years: |    |
| Street or PO#                                       | City                        | State                      | Zip             | -  |
| Street or PO#                                       | City                        | State                      | Zip             | -  |
| Street or PO#                                       | City                        | State                      | Zip             | -  |
| Street or PO#                                       | City                        | State                      | Zip             | -  |
| Have you ever been convicted of or plead guilty to  | a criminal offense?         | yesno                      |                 |    |
| Have you ever been the subject of a child abuse inv | vestigation?yes             | no                         |                 |    |
| Have you ever been arrested for, charged with, unc  | der probation for, or convi | cted of sexual or physical | abuse?yes _     | no |
| If you answered "yes" to any questions above, pleas | se explain.                 |                            |                 |    |
|   |                             |                            |                 |    |
| Applicant Signature Today's Date/                   |                             |                            |                 |    |
| ***APPLICANT - DO NOT WRITE BELOW THIS LINE***      |                             |                            |                 |    |
| mpany Name:   |                             | Contact:                   |                 |    |

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Horizon Background Screening and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Horizon Background Screening can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Horizon Background Screening its sources, officers, agents or employees. Furthermore you agree to indemnify Horizon Background Screening, its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, credit history and / or workers compensation claim history.