

## Permission to Obtain a Background Check

This form authorizes the Brethren Church Inc. to obtain background information and must be completed by the applicant.

In the interest of safety and security I, the undersigned applicant (also known as "consumer"), authorize The Brethren Church Inc. through its independent contractor, First Advantage Background Services Corp. (First Advantage), to procure background information (also known as "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to \_\_\_\_\_ (name of church ordering background check), if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

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

Office Manager, please keep the top portion of this form on file for up to seven years. The bottom portion may be shredded or given back to the applicant after the report has been ordered.

Requesting Church address: \_\_\_\_\_

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### Identifying Information for Background Information Agency

Also known as "Consumer Reporting Agency"

Print Name: \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street / P.O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_  
Street / P.O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Gender: \_\_\_\_\_

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

**New York Applicants Only:** I further understand that I may request a copy of any investigative consumer report by contacting First Advantage. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency. By signing below, you also acknowledge receipt of [Article 23-A](#) of the New York Correction Act.

**Washington State Applicants Only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the [Washington Fair Credit Reporting Act](#).

**California Applicants and Residents:** If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. I understand that I can access the following website - <http://www.fadv.com/privacy-policy/> - to view First Advantage privacy practices. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**Minnesota and Oklahoma Residents:** Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.