

# BACKGROUND CHECK – APPLICANT DATA COLLECTION & AUTHORIZATION



## NOTICE – BACKGROUND INVESTIGATION

In connection with your application for credentials and/or employment with Ohio Ministries of the Church of God (Anderson), or any of its congregation, notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by Ohio Ministries of the Church of God or its agent, to furnish the information above.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com). The scope of this notice and below authorization is not limited to the present and, if you credentialed, will continue throughout the course of your credentialing and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

## APPLICANT DATA

Please completely fill out all blocks. Failure to do so will delay completion of the application process.			TODAY'S DATE	
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	
PLEASE LIST ANY OTHER NAMES YOU HAVE USED		EMAIL ADDRESS		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP
DRIVER'S LICENSE NUMBER	STATE ISSUED	DATE OF BIRTH	LOCATION OF BIRTH	

## ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

SIGNATURE	PRINT NAME	DATE
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*\*If returning form via email a signature is not required as long as it is emailed from the email address we have on file for you.*