

Consent to Perform Criminal History/Background Check

In compliance with the Fair Credit Reporting Act (FCRA)

HPUMC Staff Only:	Is driving part of this person's work for HPUMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
This application is for:		<input type="checkbox"/> employment <input type="checkbox"/> volunteering <input type="checkbox"/> contract labor	Department: _____

Please print legibly or type

A. Applicant Information

Last Name _____ First Name (no nicknames) _____ Middle Name _____

_____ (_____) _____ - _____
 Please list (above) maiden or other name(s) used in any and all other records of birth or residence Daytime Telephone

Street Address _____ City _____ State _____ Zip _____ Date of Birth* _____

Gender _____ Race* _____ Social Security Number* _____ Driver's License Number _____ State of Issue _____
 * Used only for background check/identity verification

B. Criminal History. Please answer each question, providing details and dates in Section C for all "yes" answers.

- Yes No 1. Have you ever been convicted or pleaded guilty before a court for any federal, state or municipal criminal offense (excluding minor traffic misdemeanors)? If yes, please provide details in Section C.
- Yes No 2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details in Section C.
- Yes No 3. Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details in Section C.
- Yes No 4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details in Section C.
- Yes No 5. As of the date of this consent form, do you have any pending charges against you? If yes, please provide details in Section C.

C. Details of Criminal History. Provide details below for all "yes" answers above, using extra paper if necessary:

<u>Question Number</u>	<u>Offense Date</u>	<u>City & State of Offense</u>	<u>Details of Offense/Conviction/Pending Charges/Supervision</u>

D. Residence Information. List all cities/states of residence from age 18 to the present (continued on next page):

<u>City</u>	<u>State</u>	<u>Approximate Dates</u>

City

State

Approximate Dates

E. Please Read and Sign: Authorization for HPUMC to Access Consumer Reports

DISCLOSURE: By signing below, you acknowledge and understand that in connection with your application for employment, contract work or volunteering with Highland Park United Methodist Church (HPUMC) or when deciding whether to modify or continue your ongoing employment* (if hired), we may obtain a "consumer report" (including criminal background check) and/or an "investigative consumer report" on you from a consumer reporting agency, or from any third party, in strict compliance with state and federal law. A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment or volunteer purposes. An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. These reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, education records, employment history, workers' compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others. You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in HPUMC's files on you at the time of your request by providing proper identification and the payment of any legally permissible fees. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act.

*California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

THE FAIR CREDIT REPORTING ACT GIVES YOU SPECIFIC RIGHTS IN DEALING WITH CONSUMER REPORTING AGENCIES. YOU WILL BE GIVEN A SUMMARY OF THESE RIGHTS TOGETHER WITH THIS DOCUMENT.

AUTHORIZATION: By signing below, you hereby authorize, without reservation, the consumer reporting agency or any third party contacted by HPUMC to furnish the above-mentioned and requested information. You further authorize ongoing procurement of the above-mentioned information, reports and records at any time during your employment, contract or volunteer work or in the course of considering you for same. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish HPUMC with any and all background information in their possession regarding you, so that your qualifications may be evaluated and/or reassessed.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS: By signing below, you certify: (1) that you have read and fully understand this disclosure and authorization; (2) that all information you provide is true, complete, correct and accurate; (3) that you acknowledge that you have received the attached summary of your rights under the Fair Credit Reporting Act (15 U.S.C. § 1681 et. seq.), and (4) that you have read and will abide by HPUMC's Child Protection Policy. The information requested in this form is required for HPUMC to obtain a complete criminal background report and to assess your fitness for employment or contract or volunteer work.

Check this box if you are a Minnesota, Oklahoma or California applicant, **and** you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by HPUMC within 3 business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within 24 hours of providing it to HPUMC. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.
NOTICE TO CALIFORNIA APPLICANTS ONLY: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. They are required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

Your Signature

Printed Name

____/____/____
Date

Your Email Address (required):

2/2014