

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK
 IN COMPLIANCE WITH THE FCRA
 (FAIR CREDIT REPORTING ACT)**

Date: _____ Driver Lic. # _____ Driver Lic. State _____

 Last Name First Name Middle Name

 Address City, Zip

 Maiden and/or Other Last Names Used

Where were you born:

 City* County* State*

 Date of Birth** Social Security Number** Circle One**:
 Male / Female

 Email

 Home Phone Cell Phone

This authorization and consent for release of personal information acknowledges that Shadow Mountain Community Church / Christian Unified Schools of San Diego / Southern California Seminary (circle one) (Hereafter referred to as "Company") and/or its agent, Protect My Ministry, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, Credit Report, searches of educational institutions attended; state driving records; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Protect My Ministry, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I authorize and consent for full release of records (either orally or in writing) to the authorized representative(s) of the company(s) to which I am or become involved. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **Protect My Ministry**, 14499 N Dale Mabry HWY, Ste 201 South Tampa, FA 33618, telephone number (800) 319-5581 ext. 27. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? Yes ___ No ___
 If so, do you want a copy of any Consumer Report prepared concerning you? Yes ___ No ___

I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

*** AS SHOWN ON THE ORIGINAL APPLICATION**

**** TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE.**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations). YES NO

CUSSD SCS SMCC
THREE DIGIT DEPT #: _____

If YES, please provide an explanation below including City, County and State where the offense occurred:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

If YES, please provide an explanation below: YES NO

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

4. Have you ever been arrested for molesting or abusing a minor? YES NO

If YES, please provide an explanation below:

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, Please provide an explanation below:

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO

If YES, Please provide an explanation below:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF OCCUPANCY WILL EXIST, AND MAY BE USED AT THE DISCRETION OF SHADOW MOUNTAIN COMMUNITY CHURCH OR CHRISTIAN UNIFIED SCHOOLS OF SAN DIEGO (CIRCLE ONE).

Signed this _____ day of _____, 20_____

Applicant (Print Name) _____

Signature _____