

**CHAPEL IN THE PINES PRESBYTERIAN CHURCH  
EMPLOYEE/VOLUNTEER INSTRUCTIONS**

1. Please enter your *full legal* name. IE: Susan instead of Sue.
2. List any other names as Alias or Maiden names.
3. If you have a common name, please include middle initial or full middle name for identification purposes.
4. Social Security Numbers are used *only for address history and alias name information*. It will **not** affect your credit score nor will it give CIP credit report information.
5. You must sign and date *both pages* of this document.
6. This document will be kept in a secure location. It is our legal proof we were given permission to conduct a background screening on you.

# DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS

Chapel in the Pines Presbyterian Church  
314 Great Ridge Parkway, Chapel Hill, NC 27516

**AUTHORIZATION**

I hereby authorize, without reservation, the obtaining of “consumer reports” or “investigative consumer” reports by Chapel in the Pines Presbyterian Church at any time after receipt of this authorization and throughout my employment or volunteer service, if applicable. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish SecureSearch or Chapel in the Pines Presbyterian Church with any and all background information in their possession regarding me, so that my employment qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

**By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).**

*The following is information required in order for Chapel in the Pines Presbyterian to obtain a complete consumer report:*

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER	ISSUING STATE
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	
_____	_____
<b>CONSUMER'S SIGNATURE</b>	<b>DATE</b>

\* This information will be used for background screening purposes only.

Please list all Counties and States you have lived in since the age of 18.

County	State	Name Used in County	Date From	Date To

**DISCLOSURE**

In connection with your application for employment or volunteer service with: Chapel in the Pines Presbyterian Church (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment or (if hired) or service, Chapel in the Pines Presbyterian Church may obtain a "consumer report" and/or an "investigative consumer report" on you from **SecureSearch**, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is a 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 purposes. An investigative consumer report is a report obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain information regarding your credit history(if applicable to position), criminal records, driving history records, education records, previous employment history, social security traces, military records, professional licensure records, drug testing, government records, and other types of background information. You further understand that these reports may contain information concerning the reasons for termination of past employment. You are hereby notified that you have the right to make a timely request for the nature and scope of any investigative consumer report. 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. Inquiries to **SecureSearch** should be directed to **SecureSearch; Consumer Disputes; 558 Castle Pines Pkwy. #B4-137, Castle Rock, CO 80108. 1 (866) 891 – 1954.**

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

Name: \_\_\_\_\_

- 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  If Yes, please explain:
  
- 2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?  
  
Yes  No  If Yes, please explain:
  
- 3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?  
  
Yes  No  If Yes, please explain:
  
- 4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?  
  
Yes  No  If Yes, please explain:
  
- 5. As of the date of this authorization, do you have any pending criminal charges against you?  
  
Yes  No  If Yes, please explain:
  
- 6. Have you ever served in the US Military?      Yes  No
  
- 7. If you answered YES to the above question, did you receive a DD214?  
  
Yes  No       If Yes, can you present the document?:    Yes  No
  
- 8. If you answered YES to the above question 6, did you receive an honorable discharge?  
  
Yes  No       If No, please explain:

\_\_\_\_\_  
**Consumer signature**

\_\_\_\_\_  
**Date**