



Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant.
The church must keep this completed form on file for at least three years after requesting a background check.)*

I, the undersigned applicant (also known as "consumer"), authorize Hope Evangelical Free Church through its independent contractor, First Advantage and/or SecureSearch, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include; a social security number verification; present and former addresses; criminal and civil history/records; and the National 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 Hope Evangelical Free Church, 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: _____

Identifying Information for Background Information Agency

(also known as "Consumer Reporting Agency")

Personal Details

Print Name : _____
First Middle Last Suffix (Jr/Sr, etc)

Gender: M _____ F _____ Daytime Telephone Number: _____

Email Address: _____ Date of Birth: _____

Current

Address: _____
Street/P.O. Box City State Zip Code

☐ Check box if you would like copy of the results mailed to you from the Reporting Agency.

Identification

Social Security Number: _____

Passport Issued by (country): _____ Passport #: _____

Address History: (Please provide 10 years of address history)

Previous

Addresses: _____
Street/P.O.Box City State Zip Code Start Date End Date

Previous

Addresses: _____
Street/P.O. Box City State Zip Code Start Date End Date

Other Names Used (alias, maiden, nickname):

Last First Middle Jr/Sr

Additional Information

Ministry: _____

Staff and/or Leader to receive results: _____

Office Use Only

Date Submitted First Advantage/SecureSearch: _____ Date received: _____

Date checked National Sex Offender: _____ Results Sent to Leader: _____