

PENTECOSTAL CHURCH OF GOD (Incorporated)

(district)
BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize the _____ (district) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for credentials now and, if applicable, during my tenure with the **Pentecostal Church of God (Incorporated)**.

I release the **Pentecostal Church of God (Incorporated)** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant Signature

Date

_____-_____-_____
Social Security Number *

Date of Birth *

*NOTE: The above information is required for identification purposes only.

CA, MN & Oklahoma Residents please note: In connection with your application, your credit report will be obtained and reviewed. Under CA & MN law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Under Oklahoma law, you have the right to receive a free copy of your consumer report.

- YES, I am a California resident and would like a free copy of my credit report; or
- YES, I am a California resident and would like a free copy of my investigative consumer report.
- YES, I am a Minnesota resident and would like a free copy of my consumer report.
- YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____

District office please note: If the consumer checks "Yes" regarding the consumer report, or if a CA consumer checks "Yes" regarding the credit report (and you do request a credit report, please fax this form to your ChoicePoint service center. If consumer checks "Yes" regarding the full consumer report, and consumer resides in CA, you will need to provide the individual with a copy of their consumer report.

Account Number: