THE CHURCH OF THE BRETHREN

APPLICANT DISCLOSURE

The Church of the Brethren may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records "driving records", workers compensation injuries, employment and/or education history, or other background checks. Please be advised that the nature and scope of this notice and authorization is all-encompassing to include National Background Investigations, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 or another outside organization. By signing this notice and authorization you are allowing The Church of the Brethren to obtain from any outside organization all manners of consumer reports and investigative reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer reports.

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ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR
RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.
hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by The Church of the Brethren
at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize
without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university
(public or private), information service bureau, employer, or insurance to furnish any and all background information
requested by National Background Investigation, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 another outside
organization acting on behalf of NATIONAL BACKGROUND INVESTIGATIONS, INC itself. I agree that facsimile (fax),
electronic or photographic copy of this Authorization shall be as valid as the original.
New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by National Background Investigations, Inc. by contacting the consumer reporting agency identified above directly
SIGNATURE OF ACKNOWLEDGEMENT AND AUTHORIZATION
By my signature below, I certify that the information provided on the attached forms is true and accurate to the best of my knowledge.
Please print name (last, first, middle)
Signature:

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THE CHURCH OF THE BRETHREN

TO BE COMPLETE	D BY APPLICANT (all information	n will be used for b	packground screening purposes only)	
Last Name	First Name		Middle Name	
Other Known Names Or Other N	James Used:			
Other Last Name	Other First Name		Other Middle Name	
Current Address			County	
City	State		Zip Code	
From (mm/yy)	To (mm/yy)		,	
Primary Telephone Number Er		Email	Email	
Date of Birth (mm/dd/yyyy)				
Social Security No.				
Driver's License No.			State	
Previous Address of Residence (past seven years)			
1. Previous Address				
City	State		Zip Code	
From (mm/yy)	To (mm/yy)		County	
2. Previous Address	,		,	
City	State		Zip Code	
From (mm/yy)	To (mm/yy)		County	
3. Previous Address	1		,	
City	State		Zip Code	
From (mm/yy)	To (mm/yy)		County	
			•	

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