

**Consumer Report Disclosure and Authorization Form**

may, with your consent, obtain a consumer report, as defined by the Fair Credit Reporting Act (FCRA), from MinistrySafe, LLC (dba Abuse Prevention Systems), a consumer reporting agency, related to your prospective, continued, or future employment. Such report may include, as allowed by law, information regarding previous or current military service, employment, education, criminal, driving history, credit or other matters that may be relevant to the position sought or held.

This may include procurement of an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics, or mode of living obtained through personal interviews). You may request that the nature and scope of any investigative consumer report be disclosed to you.

**Identity Information– This information will be used only in preparing a consumer report.**

First Name:

Middle Name:

Last Name:

Other Names Used:

(maiden names or aliases)

Social Security Number:

 -  - 

Date of Birth:

Month:

Day:

Year:

Current Home Address:

City:

State:

ZIP:

Drivers License State:

Number:

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

City:

OR County:

State:

City:

OR County:

State:

City:

OR County:

State:



By signing below, I:

Authorize  or any of its affiliated or successor companies to obtain the consumer reports described above at any time in connection with my prospective or continued employment,

Acknowledge receipt of the summary of my rights under the FCRA, and

Request and authorize all individuals, agencies, and businesses to release information regarding my previous or current military service, employment, education, criminal or civil litigation, conduct, experience, or other matters to MinistrySafe, LLC. (dba Abuse Prevention Systems), including information which may be deemed negative, in order to complete these reports, to the extent allowable under law.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

Date

\_\_\_\_\_  
Signature of Applicant/Legal Guardian

*For California, Minnesota, or Oklahoma applicants only:*

I request a copy of my consumer report be sent to the home address listed above.

8/17/2015

MinistrySafe, LLC (dba Abuse Prevention Systems), 817-737-7233

Select the background check level being requested.

- Level 1 \$10
- Level 2 \$30
- Level 3 \$23
- Level 4 \$42
- Level 5 \$52

