

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment/volunteering with Mount Pleasant Baptist Church, notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting Mount Pleasant Baptist Church and Active Screening Faith, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5580. For information about Active Screening, Inc.'s privacy practices, see www.activescreening.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment, and allow Mount Pleasant Baptist Church to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Date: _____

Print Name: _____ Last Four Digits of SSN: _____

APPLICANT DATA COLLECTION

TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

Please List Other Names Used _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN

D/L or STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB _____