



## **DISCLOSURE & AUTHORIZATION**

[Important – Please read carefully before signing authorization]

New Castle Presbytery (“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. 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”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by *Intellicorp Records, Inc.*, 3000 Auburn Drive, Suite 410, Beachwood, OH 44122, 1-800-539-3717. The scope of this notice and authorization will be used for background screening purposes only and will not be used as hiring criteria.

## **ACKNOWLEDGEMENT & AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understanding this disclosure. 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 only as long as the consumer is under care of the New Castle Presbytery. 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 company to furnish any and all background information requested by *Intellicorp Records, Inc.*, another outside organization acting on behalf of the Company and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

### **CONSUMER INFORMATION:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Name/Alias: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria

Email address is used solely in the event a criminal record is located. The screening company, *Intellicorp*, may notify the consumer via email of the result.

Signature of Consumer: \_\_\_\_\_

Date: \_\_\_\_\_