

2018 National Renewal Form



DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with your employment or volunteer with Crossway 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, 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 the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and, if you are hired/volunteer, will continue throughout the course of your employment/volunteer and allow Crossway to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.

ACKNOWLEDGEMENT AND AUTHORIZATION

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

Signature: _____ Date: _____

LAST NAME _____ FIRST NAME _____ MIDDLE/INITIAL _____

Please List Other Names Used _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____ D/L or STATE ID _____ STATE ISSUED _____

DOB _____ EMAIL ADDRESS _____