

ADSI

UNITED FAITH CHRISTIAN ACADEMY
CONSUMER AUTHORIZATION AND RELEASE

In connection with UNITED FAITH CHRISTIAN ACADEMY considering me for employment, continued employment, promotion or reassignment, I authorize UNITED FAITH CHRISTIAN ACADEMY and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal report, or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize, without reservation, any person or entity contacted by UNITED FAITH CHRISTIAN ACADEMY, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release UNITED FAITH CHRISTIAN ACADEMY, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: **422258**

Legal Name: _____ DOB *: _____

SS#: _____ OTHER NAMES USED: _____

Address: _____

City: _____ ST: _____ ZIP: _____ HOW LONG: _____

DL #: _____ STATE: _____

Previous Address: _____

City: _____ ST: _____ ZIP: _____ HOW LONG: _____

Previous Address: _____

City: _____ ST: _____ ZIP: _____ HOW LONG: _____

Signature: _____ Date: _____

LIST ALL CITIES/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH STATE:

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER?) Y__ N__

Employer: _____ City: _____ Tel. #: _____ Dates From: _____ To: _____

Employer: _____ City: _____ Tel. #: _____ Dates From: _____ To: _____ :

Employer: _____ City: _____ Tel. #: _____ Dates From: _____ To: _____ :

EDUCATION

School: _____ City: _____ Tel. #: _____ Dates From: _____ To: _____ :

(Most Recent)

Years attended: _____ Last year completed: 1 2 3 4 Degree(s): _____ Last name if different in School: _____

PLEASE PRINT

• "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

ADSI

UNITED FAITH CHRISTIAN ACADEMY
CONSUMER AUTHORIZATION AND RELEASE

(FCRA-1)

CONSUMER DISCLOSURE

In connection with UNITED FAITH CHRISTIAN ACADEMY considering you for employment, continued employment, promotion or reassignment, UNITED FAITH CHRISTIAN ACADEMY may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME: _____ DATE: _____

SIGNATURE: _____