

**AUTHORIZATION FOR CONSUMER REPORTS**

Please return these completed forms to [BACKGROUND@MCUSA.ORG](mailto:BACKGROUND@MCUSA.ORG). Please note, your report will not be processed until the payment is received.

I instruct and authorize *Missionary Church, Inc.* including its designated representatives, affiliated and/or related entities, and agents (collectively, the "Company") to obtain a consumer report(s) on me, including any investigative consumer reports and any consumer credit reports.\* I also agree that a copy of this form is valid like the signed original.

I acknowledge that: (a) I have received the Consumer Report Disclosure and any additional disclosures and notices required by law; (b) each document is clear, conspicuous, and separate from any other document(s); (c) I have read and understood them; and (d) the Company may rely on them to obtain one or more consumer reports and/or investigative consumer reports on me.

The consumer reporting agency ("CRA") ADP Screening and Selection Services, Inc. ("ADP SASS") will prepare the consumer report for the Company. ADP SASS is located at 2950 East Harmony Road, Suite 130, Fort Collins, CO, 80528, and can be reached by phone at 800-367-5933, or at [www.adpselect.com](http://www.adpselect.com).

I understand that, where allowed by applicable law, the Company may rely on this authorization to order additional consumer reports, including investigative consumer reports and any consumer credit reports\* during my employment, without asking me for my authorization again. Where allowed by law, I authorize the Company to procure any such subsequent reports. I understand the Company may order consumer report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history\*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker's compensation injuries; and verification of prior employment and education.

**\*I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.**

By signing below, I understand that I am agreeing to the terms contained in this document.

If you live, work, or are applying to work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your consumer report, credit report, or investigative consumer report:

Please print your full legal name:

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

Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date (Month/Day/Year)

**CONSUMER REPORT INFORMATION**

The information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a consumer report on you.

\_\_\_\_\_  
First Name (required)      Middle Name (required)      Last Name (required)      Suffix

Email Address: \_\_\_\_\_

For Identification Purposes Only:      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

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

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

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

Addresses Within The Past Seven Years (use a separate sheet as needed)

*Current Address:*

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

*Previous Address:*

Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)      To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

*Previous Address:*

Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)      To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)