

APPLICANT DATA COLLECTION



Today's Date:

Last Name First Name Middle Name

Please List Other Names Used

Home Address (If less than 2 years, please provide additional addresses below)

City County State Zip Code

SSN D/L or State ID State Issued

Email Address

For identification purposes only, please provide full Date of Birth:

Home Address

City County State Zip Code

Home Address

City County State Zip Code

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NOTICE – BACKGROUND INVESTIGATION

In connection with your employment with New Life Christian School (the “Company”), 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 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, will continue throughout the course of your employment and allow the Company 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: _____