



CONSENT AND AUTHORIZATION FORM POB 2285, Blairsville GA 30514

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Providence Missionary Baptist Church – SAFE SANCTUARY PROGRAM

CONSENT AND AUTHORIZATION FOR PROCUREMENT OF A CONSUMER REPORT.

- I. I understand that in connection with my application for employment a consumer report which will include, but is not limited to, a criminal background history and motor vehicle report. The investigative consumer report will be requested from the following Reporting Agency: AveriHire, LLC and Background Screening & Security Solutions LLC , POB 2285, Blairsville GA 30512.
- II. I understand that according to the Fair Credit Reporting Act, prior to taking an adverse action based, in whole or in part, on the information contained in the consumer report, a copy of the consumer report as well as a written summary of my rights under the Fair Credit Reporting Act will be provided to me. Upon written request, within a reasonable period of time after my receipt of this disclosure, a complete and accurate disclosure of the nature and scope this investigative consumer report, which may involve personal interviews with sources such as neighbors, friends and associates, will be made to me. This disclosure shall be made in writing no later than five days after the date on which the request for such disclosure was received or such report was first requested, whichever is later.
- III. The information requested will be used in compliance with the Fair Credit Reporting Act, the Federal Americans with Disabilities Act (ADA) and/or any other applicable federal or state laws. Furthermore; I understand that if I am denied employment because of information contained in whole or in part, in my consumer report I have the right to be notified and given the name and address of the agency or source that provided the information in accordance with policies and procedures regarding pre-adverse and adverse action notifications.
- IV. I hereby authorize, without any reservation, any law enforcement agency, school, employer, reference, information service bureau, institution, or insurance company contacted by Inquest, Inc. or its agents, to furnish the information described in Section I.
- V. I understand that a FAX or photographic copy of this release shall be valid as the original.
- VI. I have read and understand this Disclosure and Consent form. By my signature below, I consent to the release of a consumer and/or investigative consumer report, as defined above, in conjunction with my application for employment.
- VII. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the company at any time.

APPLICANT NAME: First: _____ Middle: _____ Last: _____

Other Names Used – Aliases – Maiden Names – Nicknames: _____

Current Address, City, State, and Zip: _____

Previous Address #1, City, State, and Zip: _____

Social Security No: _____ DOB: _____ Race: _____ Sex: _____

Driver’s License Information: State of Issuance: _____ License Number: _____

Name EXACTLY as it appears on the driver’s license: _____

Applicant Signature: _____

Today’s Date: _____

Client Signature: _____ Today’s Date: _____