

BACKGROUND CHECK DISCLOSURE FORM

I understand that one or more consumer and investigative consumer reports concerning my criminal record, driving record, credit history, character, general reputation, and personal characteristics, whichever are applicable, may be obtained by Presbyterian Foundation, or its subsidiaries, from time to time.

I further understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested, and a copy of my rights as a consumer.

By signing below, I authorize Presbyterian Foundation, or its subsidiaries, to procure the consumer and investigative reports described in this Disclosure Form, and I acknowledge that I am receiving a copy of the Disclosure Form at the time of my signing.

(Signed)		Date	
IDENTI	FYING INFORMATION ABO	UT PERSON SIG	NING FORM:
	ast Maiden	First	Middle
Address:			
City	State	Zip	County
Telephone#		SS#	
Date of Birth:	Driver's License #:		State Issued:
Schools Attended		Years	Degree
		Years	Degree
		Years	Degree
Are you a previous employ	ee of a Presbyterian Church entity	y? (If yes, please given	ve date.)
YesNo	d for or convicted of a crime that (A conviction will not no	ecessarily disqualify	y you.)
	FOR HUMAN RESOUL	RCES USE ONI	LY
Type of Report:		CLD CDL OIV	

Telephone: (502) 569-5952

Fax: (502) 805-0435