

## AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS

**Dakotas Conference of The United Methodist Church**  
**Box 460, 1331 West University, Mitchell, SD 57301 605-996-6552**

### DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application for employment with **Dakotas Conference of the United Methodist Church** (including but not limited to volunteer work and contract for services), consumer reports or investigative consumer reports which may contain public record information may be requested or made on you, including but not limited to consumer credit, criminal records, driving history records, education records, previous employment history, workers compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission, social security traces, military records, professional licensure records, eviction records and others. You further understand that these reports will be released to **The Dakotas Conference of the United Methodist Church, or any other member of said Conference**. The reports may include experience information along with reasons for termination of past employment. Furthermore, you understand that information from various Federal, State, local and other agencies which contain information about your past activities will be requested. You understand that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to request a copy, upon proper identification and the payment of any legally permissible fees, of the above consumer report contained in Trak-I Technology's files on you at the time of your request. You are further notified that prior to being denied employment based in whole or in part, on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency and a description in writing of your rights under the Fair Credit Reporting Act.

### AUTHORIZATION

By signing below, you hereby authorize, without reservation, any party or agency contacted by this organization to furnish the above mentioned and requested information. You further authorize ongoing procurement of the above mentioned information, reports and records at any time during your employment or contract. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish **Dakotas Conference of the United Methodist Church** with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated. You authorize this information to be shared with **The Dakotas Conference of the United Methodist Church, or any other member said Conference**.

### ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify you have read and fully understand this disclosure and authorization, all of the information you are providing is true, complete, correct and accurate, and you acknowledge that you have received the attached summary of your rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for **Dakotas Conference of the United Methodist Church** to obtain a complete consumer report.

\_\_\_\_\_  
PRINT FULL LEGAL NAME (First, Full Middle Name, Last Name)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

/ /

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
ISSUING STATE

\_\_\_\_\_  
OTHER OR FORMER NAMES (aka, maiden names, married names, surnames etc.)

/ /

\_\_\_\_\_  
CONSUMER'S SIGNATURE

\_\_\_\_\_  
DATE

#### For California, Minnesota or Oklahoma applicants

[ ] If you would like to receive a copy of the consumer report, if one is obtained, please check this box and read below: If you checked the applicable box and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report. For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box. By checking this box you hereby waive your right to obtain any additional copy of the consumer report.