

## Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant. Heartland Church Network must keep this completed form on file for at least two years after requesting a background check.)*

I, the undersigned applicant (also known as “consumer”), authorize **Heartland Church Network** through its independent contractor, First Advantage, to procure background information (also known as a “consumer report and/or investigative consumer report”). This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; criminal background check, and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Heartland Church Network**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Identifying Information for Background Information Agency

(also known as “Consumer Reporting Agency”)

Print Name: \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

**HCN OFFICE USE ONLY:**

\_\_\_\_\_ PAID for Background Check      Church \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_ Approved: **Yes or No**