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Instructions:

- 1. Read all pages through entirely before filling out the form on page 3.
- 2. Enter your *full legal name* both first and middle names. (i.e. Susan Marie not Sue M)
- 3. Social Security Numbers are used for *address history and alias name information only*. It will **not** give your organization credit report information.
- 4. If you are under the age of 18, Parent/Legal Guardian and Minor Applicant/Volunteer MUST sign and date the form.
- 5. Complete page 3 and return it to New Hampshire Conference, UCC either by mail at 140 Sheep Davis Rd, Pembroke, NH 03275 or via email to cbradley@nhcucc.org

Thank you for your continued commitment to the children at Horton Center and for your willingness to participate in their safety.

Please call 800-743-6354, or <u>backgroundcheck@praesidiuminc.com</u> if you have any questions.



A ministry of The New Hampshire Conference, United Church of Christ

DISCLOSURE AND AUTHORIZATION FOR NEW HAMPSHIRE CONFERENCE, UNITED CHURCH OF CHRIST TO ACCESS REPORTS

DISCLOSURE:

In connection with your application for employment or volunteering with The New Hampshire Conference, UCC (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment (if hired), The New Hampshire Conference, UCC may obtain a background check on you from Praesidium, Inc., or from any third party, in strict compliance with both state and federal law. This report is a communication of information which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment or volunteering purposes. This report may contain information regarding your criminal records, driving history records, education records, previous employment history, social security traces, military records, professional licensure records, drug testing, government records, and other types of background information. You further understand that these reports may contain information concerning the reasons for termination of past employment. You are hereby notified that you have the right to make a timely request for the nature and scope of any investigative report. 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 consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Inquiries to Praesidium, Inc., Consumer Disputes, P O Box 202002, Arlington, TX 76006 1-800-743-6354.

AUTHORIZATION

I hereby authorize, without reservation, the obtaining of investigative reports by The New Hampshire Conference, UCC at any time after receipt of this authorization and throughout my employment, or service. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, or other persons or agencies having knowledge about me to furnish Praesidium, Inc. or The New Hampshire Conference, UCC with any and all background information in their possession regarding me, so that my employment qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C.§1681 et seq.).

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The following is information required so that The New Hampshire Conference, UCC can obtain a complete Confidence Multi State Criminal & National Sex Offender Database Search, and Driving Records Search when necessary and appropriate.

| FULL LEGAL NAME (Full First Name, Full Middle Name, Last Name) | |
|--|--------|
| STREET ADDRESS | |
| CITY, STATE, ZIP | |
| PHONE NUMBER | |
| SOCIAL SECURITY NUMBER | GENDER |
| DATE OF BIRTH | |
| DRIVER'S LICENSE # | |
| SIGNATURE | |
| DATE | |

http://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer

Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington D.C. 20580

^{*}This information will be used for background screening purposes only,