

AUTHORIZATION FORM

Please read the following statements carefully.

The purpose of this form is to notify you that Camp of the Cross Ministries ("Company") may obtain information about you from Quick Search for employment purposes to the extent permitted by law.

Investigative Consumer Reports: I authorize the Company to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records and/or military records.

Education and Employment: I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested. I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all drug and alcohol testing results.

Authorization and Understanding: I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent or representative of the Company. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment. I understand that the information requested is for the use by the Company and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above.

If you are a Minnesota, California, Oklahoma or New York resident only and you want a copy of your report, check here _____.

The reports will be mailed to you at the address below. I indemnify, release, and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, an/or liabilities arising out of, or related to, such investigations, disclosures, or admissions. Copies, scans and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

1					т.) PE	COMP	LETT	DBYAF	DI 10	2 4 417				man and a second			
	The Following Info PLEASE USE	mation Is	True A	And Cor	rrect To	The B	est Of N	ly Kno	wledge And	d Is Us	sed Fo	or Identifi	cation Ar	nd Inve	stigative	Purpo:	ses Only	
	LAST NAME						T					T			ТТ		П	
Self	FIRST NAME																	
	MIDDLE NAME									Nici	NICKNAME							
	Maiden Name									DATES APPLICABLE								
	Previous Married Name 1									DATES APPLICABLE								
	Previous Married Name 2									DA	DATES APPLICABLE							
	DATE OF BIRTH									TODAY'S DATE: MMDDYYYY								
	SS# Number									IVIIVID	DITT							
	DRIVERS LICENSE NUMBER															STATE ISSUED		
	CELL PHONE																	
	HOME PHONE																	
	EMAIL ADDRESS															\top		\top
1111	ADDRESS (PLEASE FILL IN BELOW)																	
	STREET ADDRESS																	
Current	CITY / STATE / ZIP										STATE			ZIP CODE				
İ	STREET ADDRESS										WHEN SE			Para Mala				
5	CITY / STATE / ZIP										Si	TATE		ZIP	CODE			