

**McFarlin Memorial United Methodist Church  
Combined Disclosure Notice and Authorization  
Regarding Background Consumer Reports**

Ministry: \_\_\_\_\_

Position: \_\_\_\_\_

Program Supervisor:  
\_\_\_\_\_

**Important: Please read carefully before signing.**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with McFarlin. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with McFarlin. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the business office, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained 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 summary of your rights under the Fair Credit Reporting Act.

**Authorization**

You hereby 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 McFarlin Memorial United Methodist Church with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

**Read, Acknowledged and Authorized**

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

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Full Name including middle (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_ If you obtain any consumer reports concerning me I elect to receive a copy.