ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK Print Name: Other Known Names: ______ Social Security Number: ______ -Date of Birth:____/ ____/ _____/ Driver License Number: ______Issued State: _____ CurrentAddress: _____ City:______State:______ZIP: _____ I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Requesting Company, ARVBA at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by 24/7 Background Check LLC, PO Box 741733, Dallas, Texas 75374, another outside organization acting on behalf of the Requesting Company, and/or the Company itself. I acknowledge receipt of the below documents and certify that I have read and understand both of those documents. (Please initial below) _____I agree to a background check that includes no less than (7) years and all information available. DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT Ihave received the Disclosure Regarding Consumer and/or Investigative Report A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (FCRA) Ihave read and received the Summary of Your Rights, and if a California resident/applicant ASummary of Your Rights under the Provisions of California Civil Code §1786.22. I understand such notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax"), electronic or printout of this authorization may be accepted with the same authority as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVIL CODE §1786.22.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

I understand by signing my name below, I am authorizing the background check as described above: (Date) (Signature)



email: arvba@suddenlink.net phone: 479-280-1739

<u>DISCLOSURE REGARDING CONSUMER</u> <u>AND/OR INVESTIGATIVE REPORT</u>

Requesting Company Name / Organization:	Arkansas River Valley Baptist Association
"consumer report" and/or an "investigative consult characteristics, and mode of living. These reports verification, motor vehicle records ("driving record Further, you understand that information may be concerning your past activities relating to your driving record that information may be concerning your past activities relating to your driving the statement of the statement o	on about you for employment purposes from a third- party consumer reporting agency. A ner report" may include information about your character, general reputation, personal may contain information regarding your credit history, criminal history, social security "), verification of your education or employment history, or other background checks, equested from various Federal, State, County and other agencies that maintain records ng, criminal, civil, education, credit, and other experiences. Credit history will only be related to the duties and responsibilities of the position for which you are applying.
nature and scope of any investigative consumer r investigative consumer report obtained with regar history. The scope of this notice and authorization investigative consumer reports now and throughout	nin a reasonable period of time after receipt of this notice, to request disclosure of the sport. Please be advised that the nature and scope of the most common form of it to applicants for employment is an investigation into your employment and/or education is all-encompassing, however, allowing the Company to obtain consumer reports and at the course of your employment to the extent permitted by law, unless you otherwise on to Company. As a result, you should carefully consider whether to exercise your right by investigative consumer report.
	investigative consumer report(s) will be obtained from: 24/7Background Check LLC, Tel: (877) 556-5135 or (214) 206-3565
investigative consumer report or consumer credit	
Minnesota and Oklahoma applicants or emplo your consumer report free of charge.	vees only: Please check the appropriate box below if you would like to receive a copy of
report requested by Employer by contacting the of to request the name, address and telephone num which the Company shall provide within 5 days. New York applicants or employees only: Upon	only: You have the right to inspect and receive a copy of any investigative consumer consumer reporting agency identified above directly. You may also contact the Company per of the nearest unit of the consumer reporting agency designated to handle inquiries, request, you will be informed whether or not a consumer report was requested by
Employer, and if such report was requested, into report.	med of the name and address of the consumer reporting agency that furnished the
Oregon applicants or employees only: Informa theft protection, the storage and disposal of your c	ion describing your rights under federal and Oregon law regarding consumer identity edit information, and remedies available should you suspect or find that the Company
has not maintained secured records is available to Washington State applicants or employees on summary of your rights and remedies under the W	y: You also have the right to request from the consumer reporting agency a written
	employees and applicants: Please check the appropriate box to opy of your consumer report free of charge.
(Signature)	(Date)

