

# Background Screening Consent and Information Form

**Applicant should complete all relevant information and sign and date the form.**

Applicant's Full Name (Printed): \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. The United Church of Christ Insurance Board and \_\_\_\_\_ Slumber Falls Camp \_\_\_\_\_ (THE PRINCIPAL) abides by all applicable state and federal employment laws.

## ADDRESSES (for the past 10 Years)

Present Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_

Please list all states and counties of residence since turning age 18: \_\_\_\_\_

Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY

I, \_\_\_\_\_, authorize \_\_\_\_\_ Slumber Falls Camp \_\_\_\_\_ (THE PRINCIPAL) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my service with THE PRINCIPAL.

I release the United Church of Christ Insurance Board, and THE PRINCIPAL and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The name above is my true & complete legal name. All information provided is true & correct to the best of my knowledge:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Are you applying for employment/service in California, Minnesota or Oklahoma? Yes \_\_\_ No \_\_\_  
If so, do you want a copy of any Consumer Report prepared concerning you? Yes \_\_\_ No \_\_\_

I understand that California law requires the United Church of Christ Insurance Board and THE PRINCIPAL to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose the United Church of Christ Insurance Board and THE PRINCIPAL to liability (Section 1786.29).