

I, the undersigned, do hereby authorize First Advantage, on behalf of Free Chapel to procure a consumer report and examine any and all criminal records, warrants, and arrests on file. I will not hold Free Chapel, First Advantage or any of its members, directors, or anyone employed by said companies liable for any information found that may prove to be incorrect or that may have an adverse effect on my employment. I understand that the following information is for the purpose intended only.

DATE OF RELEASE (TODAY'S DATE): _____/_____/_____

FREE CHAPEL CAMPUS: _____

"PRINT" FULL NAME: _____

ADDRESS: _____

PHYSICAL STREET ADDRESS (DO NOT LIST P.O. BOX)

CITY STATE ZIP

SOCIAL SECURITY #: _____ - _____ - _____

DATE OF BIRTH: _____/_____/_____

SEX: ☐ MALE ☐ FEMALE

RACE: _____

APPLICANT'S SIGNATURE: _____

IF YOU HAVE LIVED OUTSIDE YOUR CURRENT STATE IN THE PAST 10 YEARS PLEASE LIST YOUR ADDRESS BELOW. (BE SURE TO INCLUDE ZIP CODE)

