

## PRE-EMPLOYMENT DISCLOSURE

### AUTHORIZATION AND RELEASE

I understand Richland Lutheran Church, Protect My Ministry, or other authorized third parties may be conducting a background check in connections with my application for employment. This background check may include and inquiry into my employment history, education, general character or reputation, work experience, driving history, criminal history, credit history and such other information that may be required.

I understand Richland Lutheran Church may rely on all or part of this information I determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by Richland Lutheran Church based upon any of this information, I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand a background check may be performed by Richland Lutheran Church or its representatives as part of the pre-employment process in order to evaluate the suitability of an applicant for employment and is not conducted for any other purpose other than in connection with an application for employment. I understand the information supplied by me shall be used solely for the purposes of obtaining information, validating or verifying information received, as part of the background check.

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I, the undersigned applicant for employment, have read this Pre-Employment Disclosure and by signing below, hereby authorize Richland Lutheran Church, its representatives, agents and authorized third parties, including Protect My Ministry, to conduct a background check, as described herein, in conjunction with my application for employment and hereby release said parties from any and all liabilities related to the use, procurement, or disclosure of any information provided by me or obtained about me in connection with my application for employment and a background check may be performed. I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to Richland Lutheran Church, Protect My Ministry, or their representatives and agents, in connections with this authorization and release. I voluntarily provide my date of birth in order to obtain, and verify records obtained, in the background check.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*\*\*\*THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS. \*\*\*\***

Current Address: \_\_\_\_\_  
(Required)

Prior Names \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(Required)

Date of Birth \_\_\_\_\_  
(Required)

Email Address \_\_\_\_\_  
(Required)