

DATA ENTRY FORM

Before submitting this request for a background report in connection with an employment purpose, I certify that: A clear and conspicuous stand-alone disclosure, in a document consisting solely of the disclosure, has been made in writing to the consumer. The disclosure satisfied all requirements identified in the Fair Credit Reporting Act and other applicable state laws. I have also obtained the written authorization of the consumer. I further certify that I will not use this information in violation of any equal employment opportunity laws and if I decide to take action in whole or in part on the information based in the report I will follow any required adverse action requirements.

By providing this applicant's email address, I confirm they have consented to receiving electronic communications legally required or otherwise.

COMPANY NAME: Gorman Baptist Church BRANCH OR LOCATION: Durham, NC
 REQUESTOR NAME: Bachel Cox Accounting Code: Account # INS - 04418
 EMAIL ADDRESS: gbcsecretary@gormanbc.org Phone Number: 919-688-3947

ILLEGIBLE FORMS MAY EFFECT YOUR TURNAROUND TIME. PLEASE MAKE SURE ALL INFORMATION ABOVE IS COMPLETELY FILLED OUT SO WE CAN CONTACT YOU SHOULD THERE BE A NEED FOR VERIFICATION.

FIRST NAME: _____
 MIDDLE NAME: _____
 LAST NAME: _____ SUFFIX: _____
 MAIDEN NAME: _____
 SSN: _____ DOB: _____ GENDER: _____ CIRCLE ONE: MALE/FEMALE

CURRENT ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____ HOW LONG? _____

PREVIOUS ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____ HOW LONG? _____

DRIVER'S LICENSE # _____ State Issued: _____

CANDIDATE'S EMAIL ADDRESS: _____

REQUEST SOLUTIONS HERE:

_____ Criminal Records..... Where? 1. _____ 2. _____ 3. _____
 _____ Credit Report (Persona)
 _____ Motor Vehicle Record
 _____ FACIS (Healthcare Only)
 _____ SS number & Name Verification /Address search
 _____ Employment Verifications.....Where? 1. _____ 2. _____ 3. _____
 _____ Education Verifications.....Where?
 _____ Professional License Verifications.....Where?
 _____ Drug Screen..... 10 Panel _____ 5 Panel _____ Other _____

✓ Volunteer screener plus

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Gorman Baptist Church may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **FirstPoint Background Screening Resources, Inc., 225 Commerce Place, Greensboro, North Carolina 27401; Tel. No. 1.877.425.4763; www.firstpointscreening.com.**

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Gorman Baptist Church 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, 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 FirstPoint Background Screening Resources, Inc., 225 Commerce Place, Greensboro, North Carolina 27401; Tel. No. 1.877.425.4763; www.firstpointscreening.com and/or Gorman Baptist Church I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature Date

Printed Name Date of Birth and last four of SSN