

## CONSENT FORM

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Ministry may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, motor vehicle records, contact personal references, require that I submit to be tested for the presence of drugs or alcohol, investigate worker's compensation claims and obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province or any other information as deemed necessary to fulfill the job requirements.

I authorize Background Check International (BCI) and any of its agents/designated Ministry Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of the Ministry.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and Agencies to provide BCI with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Ministry, its agent, BCI, and their associates to the full extent permitted by law from claims, damages, costs, and expenses, for any errors, omissions or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

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Name Typed or Printed

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SS#

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Date of Birth

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Address

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City

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State

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Signature

**Fax to: 714 800-1789**