

Permission to Obtain a Background Check

In the interest of safety and security I, the undersigned applicant (also known as “consumer”), authorize Ability Tree First Coast, Inc. through its independent contractor, Protect My Ministry Services, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me, prior to, and at any time during, my service to Ability Tree First Coast, Inc. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

Signature _____ Date _____

Identifying Information for Background Information Agency
(also known as “Consumer Reporting Agency”)

PLEASE PRINT CLEARLY

Name:

(First) (Middle) (Last)

Other Names Used:

Current Address:

Former Address:

Social Security Number: _____ **Phone:** _____

Driver’s License Number: _____ **State of Issue:** _____

Date of Birth: _____ **Gender:** _____ **Mother’s Maiden Name:** _____

Email: _____