Carlsbad Lifehouse, Inc. CONSENT TO PERFORM (background check) INVESTIGATIVE CONSUMER REPORT IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

E-Mail Address	Last Name	Fi	rst Name		Middle Name or Initia	al
City County State Zip Phone # **Date of Birth Social Security Number **Gender **Race E-Mail Address	Maiden or other name	e(s) used in any and all other	r records of bi	rth or records of	residence. Driver's License #	# DL State
** Date of Birth Social Security Number **Gender **Race E-Mail Address	* Address		A	Apartment or #		
E-Mail Address *AS SHOWN ON THE ORIGINAL APPLICATION **TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE. In connection with my application for employment, my continued employment, or in connection with my desire to engage in volu activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent ti application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employ and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby conse Employer's use of any information provided on this form or during the application process in performing the investigative consumer report that may be not the information. I have been any negative information that would adversely impact a decisi offer employment. I gree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to information reported by the reporting agency. According to the Fair Credit Reporting Act, I sin entited to know if employment is de because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone num the agency which provided the information. I have been informed that I will have a reasonable opportunity to clear up mistaken information reported within a reasonable time frame established within the sole discretion of Employer, Under the Fair C Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency evel as the nature, substance and source of all information. I acknowledge that fassimale, copy or email shall be as valid as the original. The following are my responses to questions about my criminal history (if any). 1, YESNO Have you ever been convicted or plead guilty before a court for any federal, state or municip criminal offense? 2,	City	County	State	Zip	Phone #	
*AS SHOWN ON THE ORIGINAL APPLICATION **TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE. In connection with my application for employment, my continued employment, or in connection with my desire to engage in volu activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent t application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal necord check, employ and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby conse Employer use of any information provided on this form or during the application process in performing the investigative consumer report the application process in performing the investigative consumer reporting agency. If so, I will be notified and yreporting agency Employer uses with regard to information reported by the reporting agency. According to the Fair Credit Reporting Act, I sin entitled to know if employment is d because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone numb the agency which provided the information. I have been informed that I will have a reasonable opportunity to clear u mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency. If yes, please provide details below. State:	** Date of Birth	Social Security Nu	mber *	*Gender	**Race	
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municipal offense? If yes, please provide details below. State: County: Date of Offense:	activities, I have been at application process, to co and education verification Employer's use of any in Employer has informed m offer employment. I agree information reported by because of information of the agency which provid mistaken information rep Reporting Act, I have been well as the nature, substant The following are my 1, YES criminal offense? (exc If yes, please provide <u>State:</u>	vised and I hereby consent an nduct an investigative consumer is, personal references; personal formation provided on this form ne that I have the right to review e to release, indemnify and hol- the reporting agency. According bained from a consumer reportin ed the information, In addition ported within a reasonable time en advised that upon request I w ace and source of all information. responses to questions about _ NO Have you ever been co clude minor traffic misdeme details below.	d authorize the report that may interviews; my or during the a d harmless Emp to the Fair Cre g agency. If so, , I have been in frame establish ill be provided t I acknowledge at my criminal ponvicted or ple	Employer and its a include, but are not personal credit hist pplication process i any negative inform loyer and any repor dit Reporting Act, I will be notified an formed that I will ed within the sole he name, address a that facsimile, copy history (if any). ad guilty before a	gent, at any time during or subseq limited to, a criminal record check, e ory; and driving record. I do hereby n performing the investigative const ation that would adversely impact a ting agency Employer uses with re I sin entitled to know if employme d given the name, address, and phon have a reasonable opportunity to c discretion of Employer, Under the nd telephone number of the reportin or email shall be as valid as the origin court for any federal, state or m	quent to my employment y consent to umer report. a decision to egard to any ent is denied te number of clear up any Fair Credit ng agency as inal.
municipal offense? If yes, please provide details below. State: County: Date of Offense:						
municipal offense? If yes, please provide details below. State: County: Date of Offense:						
	municipal offense?		deferred adju	dication or simil	ar disposition for any federal,	state or
Details of offense:	State:	County:		Date of	Offense:	
	Details of offense:					

3. ___YES ____ NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense:	
Details of supervis	ion:		
•			
4 YES	NO Have you ever been co	nvicted of any criminal offense in a country outside the	
	the United States? If yes, pl		
Country:	City:	Date of Offense:	
Details of $\overline{\text{conviction}}$		Date of Ortense.	
5 VES	NO $\Lambda_{\rm S}$ of the data of this	consent form, do you have any pending charges against yo	9
If yes, please provi		consent form, do you have any pending enarges against yo	u:
State:	County:	Date of Arrest	
	<u> </u>	Date of Affest	
Details of pending	charges:		
THIS SECTION	IS TO BE USED TO LIST	ALL COUNTIES AND STATES OF RESIDENCE SINCE	
	L GRADUATION OR AGE		
CITY/TOV	ŴNI	COUNTY STATE	
		GOONTI STATE	
I HEREBY CH	ERTIFY THAT ALL INF	ORMATION PROVIDED IN THIS CONSENT FO	RM I
		IF ANY INFORMATION PROVES TO BE INCOR	
		THAT GROUNDS FOR CANCELING ANY OFFE	
		EMPLOYMENT WILL EXIST AND MAY BE USE	ED A'
THE DISCRET	TION OF THE EMPLOYI	ER.	
Signed this	day of		
_			
APPLICANT (PRINT NAME)		_
ADDI IC ANTT'S	SIGNATUDE		
APPLICANTS	SIGNATURE		