PEP Criminal History Background Check

Information Form

In connection with my application to serve as a classroom teacher or assistant with the **Preparing and Equipping with a Purpose (PEP) Co-op** ("Client'), I understand that a criminal history and SSN verification report will be requested by Client for classroom teaching or assisting purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I serve as a classroom teacher or teacher assistant throughout the course of my PEP membership, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer or investigative consumer reports about me. I understand that the results of the criminal history check could contain information presumed to be expunged. I also understand that this information will be used, in part, to determine my eligibility for a classroom teacher or teacher assistant position with PEP Co-op. I understand that I will have an opportunity to review the criminal history as received by PEP Co-op and that a procedure is available for clarification if I dispute the record as received.

_____

Applicant Signature **Date**

_____

Applicant Full Legal Name

Fee Due: $10.00

Make checks out to: PEP Co-op

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Please print all information below. This completed form will be secured in PEP Co-op files until background check is complete. Upon completion, this form is promptly shredded. If you have any questions, please contact a PEP Board Member.

Full Name: _____ _____ _____

Please print First Name Middle Name Last Name

Former names (if applicable): _____

Social Security Number:

			-			-				

Date of Birth:
mo/day/year

		/			/				

Circle Gender: Male Female

Circle Race: Black/African American American Indian Asian/Pacific Islander

Caucasian Hispanic

Driver License #: _____

State Issued: _____

Current Address: _____

Street Address

_____

City State Zip