



BACKGROUND CHECK AUTHORIZATION AND PARENTAL CONSENT FOR MINOR

***This consent must be signed by a parent or legal guardian of anyone under the age of 18**

A minor, _____, [minor's name] is applying for employment with NGHS - Volunteer Services Dept Part of the employment process includes a background check and/or drug testing. As the parent of the above-referenced minor, I understand the purposes of these pre-employment checks and hereby provide my consent for the background checks and / or drug test. 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 **MBI Worldwide, 101 N. Park Ave., Suite 200, Herrin, IL 62948; Toll-free 866-275-4624; www.mbiworldwide.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Parent/Legal Guardian's Signature: _____

Print Name: _____

Relationship to Minor: _____

Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge that I have received and read multiple stand-alone documents provided to me, including the CONSUMER REPORT DISCLOSURE, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER APPLICABLE NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of consumer reports by **NGHS - Volunteer Services Dept** (the "Company") at any time after receipt of this authorization and throughout my engagement, if applicable. To this end, I hereby authorize, without reservation, any administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all information requested by **MBI Worldwide, 101 North Park Avenue, Suite 200, Herrin, IL 62948, (866) 275-4624, www.mbiworldwide.com** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

[End of Document]
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CONSUMER REPORT DISCLOSURE

NGHS - Volunteer Services Dept (“the Company”) may obtain information about you from a third party consumer reporting agency for engagement 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 criminal history, social security verification, motor vehicle records (“driving records”), education or employment history, or other background checks.

The investigations will be conducted by **MBI Worldwide, 101 North Park Avenue, Suite 200, Herrin, IL 62948, (866) 275-4624, www.mbiworldwide.com**.

Signature: _____ Date: _____

[End of Document]
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New York residents and applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency directly. By signing the Acknowledgement and Authorization for Consumer Report, you acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota residents and applicants only: You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later.

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma residents and applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Los Angeles residents and applicants only:

Please visit <https://sfgov.org/olse/sites/default/files/FCO%20poster2020.pdf> to receive a copy of the Notice to Applicants & Employees Fair Chance Initiative for Hiring Ordinance.

San Francisco residents and applicants only:

Please visit <https://sfgov.org/olse/sites/default/files/FCO%20poster2020.pdf> receive a copy of the San Francisco Fair Chance Ordinance Notice.

Washington State residents and applicants only: You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

BACKGROUND INFORMATION

Please print/type the requested information. Lack of legible or missing information may delay processing of this request.

Applicant

Name: _____
Last First M.I.

Other legal names known by (limit to 7years):

Alias 1:

Alias 2:

Present Address:

Street Address

City State Zip County

SS#: _____ Gender: _____ Race _____

Date of Birth*: _____ Driver's License #: _____ State: _____
(MM/DD/YYYY)

Applicant Phone Number: _____
(Area Code) + Telephone Number

Applicant Email Address: _____

Please Print Clearly