

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 t	e employment process includes a background check and/or drug testing. As the pare	nt
of the above-reference	minor, I understand the purposes of these pre-employment checks and hereby provi	de
•	ground checks and / or drug test. To this end, I hereby authorize, without reservation	
•	ency, administrator, state or federal agency, institution, school or university (public	01
1 //	vice bureau, employer, or insurance company to furnish any and all background	
	y MBI Worldwide, 101 N. Park Ave., Suite 200, Herrin, IL 62948; Toll-free	
	biworldwide.com and/or Employer. I agree that a facsimile ("fax"), electronic or	
photographic copy of	is Authorization shall be as valid as the original.	
Parent/Legal Guardian	s Signature:	
Drint Nama		
riiit ivaiiie.		
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] p. 1 of 1

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] p. 1 of 1

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby author	ize <u>MBI</u>	Worldwide, Inc.	to conduct a Criminal				
			ive any Georgia and/or national criminal				
history record in	nformation as authori	zed by state and federal law	<i>1</i> .				
** ALL FIELDS A	DE DECLIDED						
LL NAME (PRINT		PRENT FILL LEGAL NAME	AS IT APPEARS ON GOVERNMENT ID				
LE IVAIVIE (FICINI) WOST BE CO	WEINT TOLL LEGAL WAIVIL	ASTI AFFLANS ON GOVERNIVLENT ID				
LACT		FIDOT	MIDDLE				
LAST		FIRST ADDRESS	MIDDLE				
		ADDITESS					
STREET							
CITY, STATE ZIP							
CEV	DACE	DATE OF BIRTH	COCIAL CECUDITY ALLBADED				
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER				
MALE	WHITE						
	BLACK						
FEMALE	ASIAN HISPANIC						
UNKNOWN	UNKNOWN		I HAVE NEVER BEEN ISSUED A SOCIAL				
			SECURITY NUMBER				
CHECK ONE BOX							
This auth	orization is valid for	days from	n the date of signature.				
			dia avianianal hintawa handawa wa d				
	r the duration of my e		dic criminal history background				
CHECKS O	i the duration of my e	imployment.					
Signature			Date				
Purpose Code U	Jsed: (check one)						
	N	ON-CRIMINAL JUSTICE PUR	POSES				
E – Empl	loyment / Volunteer V	Vork / Tenancy					
M - Wor	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work						
N - Worl	king with Elderly – NO	T for Volunteer work					
W - Wor	king with Children NO	T A VOLUNTEER – NOT for V	olunteer work				
ORI STA	MP REQUSTED						



<u>New York residents and applicants only</u>: 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.

<u>Minnesota residents and applicants only</u>: 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. \Box

<u>Oklahoma residents and applicants only</u>: 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 <u>San Francisco Fair Chance Ordinance Notice</u>.

<u>Washington State residents and applicants only</u>: 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 know	wn 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:	
Applicant Phone Number:	(Area Code) + Telephone Number			
Applicant Email Address: _	Please Print Clearly			