

**Consumer Report/Investigative Consumer Report
Disclosure and Release of Information Authorization**

I authorize _____ St. John/ St. Mathias/ St. Mary Churches and **The McDowell Agency, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, education institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state, or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required, and I should direct my request to: **The McDowell Agency, Inc., 1714 University Avenue West, St. Paul, MN 55104. Phone 1-877-644-3880/651-644-3880.**

I acknowledge that I have received, read and understood the document "A Summary of Your Rights Under the Fair Credit Reporting Act."

If currently employed:

May my current employer may be contacted? (mark one and initial)

_____ YES _____ NO _____ N/A _____ Post Hire Only _____ Applicant's Initials

Are you applying for employment in California, Minnesota, or Oklahoma? _____ YES _____ NO

If so, would you like a copy of any Consumer Report prepared on you? _____ YES _____ NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment or the beginning of my volunteer service any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my employment or volunteer service. Further, I understand that by requesting this information, no promise of employment or volunteer position is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed or accepted as a volunteer by the above-named organization, this authorization will remain in effect throughout such employment or volunteer service.*

Signature

_____/_____/_____
Date

Full Name of Applicant (First, Middle, Last) Please Print Legibly