NOTICE – BACKGROUND INVESTIGATION

In connection with your employment or volunteer status with Highpoint Fellowship (the "Company"), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Active Screening Faith 3853 Northdale Blvd, Ste 362 Tampa, FL 33624; Phone: 1-866-378-8389. For information about Active Screening Faith's privacy practices, see www.activescreeningfaith.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

_____ _____ _____

LAST NAME FIRST NAME MIDDLE

Please List Other Names Used _____

CURRENT HOME ADDRESS_____

CITY _____ COUNTY _____ STATE ____ ZIP_____

_____ - _____ - _____ _____ _____

SSN D/L # or STATE ID # STATE ISSUED

_____

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____/_____/_____

Check box to receive report ☐

_____ _____/_____/_____

Signature: Date:

Ministry requesting background check: Children's Ministry – HisKids

Ministry Leader: Nina Peña

8024041v1

Date Ordered: _____
Entered in Excel SS: _____