DISCLOSURE CONCERNING REQUEST FOR BACKGROUND CHECK REPORT

Mount Olivet UMC (the "Company") will obtain a consumer report (a background check report) on you in connection with your application for employment with the Company, and if hired and/or a current employee, the Company may do so at any time during the course of your employment with the Company to the extent permitted by applicable law, for employment-related purposes.

The Company will obtain the report(s) from the following consumer reporting agency: ScreeningOne, Inc. 1860 N. Avenida Republica de Cuba, Tampa, FL 33605 Phone: (888) 327-6511 Fax: (888) 216-1003 www.ScreeningOne.com (the "Agency"). The Agency's privacy policy can be found at www.ScreeningOne.com.

The report will contain information relating to your character, general reputation, personal characteristics, and/or mode of living. The types of information that may be obtained include, but are not limited to, background references; employment history; credit reports; criminal and civil court, education, and driving records; public Internet posts; and verification of prior employment. The information in the report will be obtained from private and public record sources.

AUTHORIZATION FOR BACKGROUND CHECK REPORT

I have carefully read, and I understand, this Disclosure and Authorization form. By my signature below, I consent to the release to Mount Olivet UMC ("Company") of consumer reports and investigative consumer reports (i.e. background check reports) prepared by a consumer reporting agency. If I am hired by the Company and/or working as a current employee, I understand that the Company may rely on this Authorization to obtain additional reports on me from the agency or other consumer reporting agencies during my employment without asking for my consent again, to the extent permitted by applicable law.

I also authorize all of the following to disclose to the Agency and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; drug and alcohol testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to the Agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge. I understand that dishonesty will disqualify me from consideration for employment with the Company and, if I am hired and/or are currently employed by the Company, that such dishonesty could result in the termination of my employment.

Signature		Date	
Full Name Printed		Maiden Name or Other Name Used	
Email Address			
Date of Birth (Mo/Date/Year)	Social Security Number	Driver's License Number (If position may involve	State of License

Present Address	How Long?
City/State	Zip Code
Former Address	How Long?
City/State	Zip Code