



Kentucky Office
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 Somerset, KY 42502
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 Polk City, FL 33868
 Phone: 863-984-4060
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Consent to Obtain a Background Check

This form gives permission to obtain background information and must be completed by the applicant. The completed form must be kept on file for at least one years after requesting a back ground check.

I, the undersigned applicant, authorize **Macedonian Service Foundation Inc.** D/B/A Macedonian Missionary Service through its independent contractor *TrueCheck* to produce background information (also known as a "consumer report and/or investigative consumer report") about me, prior to and at anytime during my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to authorize **Macedonian Missionary Service**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature:

Date:

Information for Background Information Agency

Name: _____
First Middle Last

Other Names Used (alias,maiden,nickname): _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Gender: _____ Phone: (____)-____-____

Current Address: _____ Dates Lived There _____

Former Address: _____ Dates Lived There _____

Drivers License Number: _____ State of Issuance: _____