

## EMPLOYMENT/ VOLUNTEER SCREENING AUTHORIZATION

Applicant Consent Form for Pre-Employment/Volunteer Investigation

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of Peninsula **Covenant Church** review of my application for employment, I hereby voluntarily consent to and authorize **Peninsula Covenant Church** and **Live Scan Service** bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

Criminal Records	Civil Cases	Motor Vehicle Records
Military Service Verification	Credentials Verification	Education Verification
Employment Verification	Personal Identity Verifications	
Past Employment Verification	Reference Checks	
Persona Employment Report (Equifax)		

I authorize all persons and organizations that may have information relevant to this research to disclose such information to Live Scan or its authorized agents. I hereby release **Live Scan, Peninsula Covenant Church**, its authorized database vendors/agents and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant state law. **I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Print Name:

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(Maiden)

### INSTRUCTIONS FOR COMPLETION

1. Complete Live Scan form on back side of this document.
2. Supervisor will copy that for you to take to: Maloney Security Services
3. They will perform scan and bill PCC and you are done.

**[Maloney Security Inc](http://www.maloneysecurityinc.com)**

[www.maloneysecurityinc.com](http://www.maloneysecurityinc.com)

1055 Laurel St  
San Carlos, CA 94070-3918  
(650) 593-0163  
Contact: Heather King



**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: AC047 Type of Application: Volunteer  
Code assigned by DOJ  
 Job Title or Type of License, Certification or Permit: Community Center Volunteer

Agency Address Set Contributing Agency:  
Peninsula Covenant Church 13149  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
3560 Farm Hill Blvd John Seybert  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
Redwood City CA 94061 ( 650 ) 365-8094  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI  
 Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box  
 Place of Birth: \_\_\_\_\_  
City, State and Zip Code  
 Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.) Level of Service:  DOJ  FBI  
 If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
Peninsula Covenant Church  
Employer Name  
3560 Farm Hill Blvd 13149  
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)  
Redwood City CA 94061 ( 650 ) 365-8094  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date  
 Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: AC047 Type of Application: Employment  
Code assigned by DOJ  
 Job Title or Type of License, Certification or Permit: Community Center Staff

Agency Address Set Contributing Agency:  
Peninsula Covenant Church 13149  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
3560 Farm Hill Blvd John Seybert  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
Redwood City Ca 94061 ( 650 ) 365-8094  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI  
 Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box  
 Place of Birth: \_\_\_\_\_  
City, State and Zip Code  
 Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.) Level of Service:  DOJ  FBI  
 If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
Peninsula Covenant Church  
Employer Name  
3560 Farm Hill Blvd 13149  
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)  
Redwood City Ca 94061 ( 650 ) 365-8094  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date  
 Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_