

INTERNATIONAL FELLOWSHIP OF CHAPLAINS

P.O. BOX 5922 ● Saginaw, MI 48603

989-753-3211, ● FAX 989-753-3238

www.ifoc.org ● chaplains@ifoc.org

National Criminal History Report

IFOC membership requires a national criminal history report. Hunt Private Investigations is proud to support the IFOC by offering members a special IFOC reduced rate for background checks. Please include payment of \$50.00 with the Hunt Private Investigations background check release form.

IFOC BACKGROUND CHECK INCLUDES:

Name, SSN, & DOB verification

Address History.

Bankruptcy history

National criminal history check

A copy of your background report

IFOC Discounted rate: \$50 per check

To request your IFOC national criminal history, fill out the attached form and mail to:

Bill Hunt, CEO/Qualified Manager Lic#25397

Hunt Private Investigations

24881 Alicia Pkwy., Suite E271

Laguna Hills, CA 92653

Include a copy of the national criminal history report from Hunt Private Investigations with your membership application.

National Criminal History Report

Send this form with a \$50.00 check to
HUNT PRIVATE INVESTIGATIONS
24881 Alicia Pkwy., Suite E271, Laguna Hills, CA 92653

BACKGROUND CHECK RELEASE FORM

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for membership with the International Fellowship of Chaplains, Inc.. This report may include information relating to your character, general reputation, personal characteristics, or mode of living, and is being provided by **Hunt Investigative Group**, 24881 Alicia Parkway, Suite E 271, Laguna Hills CA 92653; phone (714) 568-5464. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases, to the fullest extent of the law, the aforesaid parties from any liability and responsibility for collecting, requesting or releasing the above information. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report that involves personal interviews with third-parties such as neighbors, friends and associations is conducted, I will be notified in writing within three days from request of said report. I understand and acknowledge that a FAX or photographic copy of this Disclosure and Authorization form shall be deemed as valid as the original. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly in Black Ink only.

Name (Last) _____ (First) _____ (Middle) _____

List any other name used in the last 7 years: _____

Date of birth ____ / ____ / ____ Social Security Number ____ - ____ - ____

Drivers License # _____ State _____ Phone # (Day) (____) _____ - ____

Professional License Held _____ State: _____ Lic #: _____

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____ / ____ to ____ / ____

City _____ State _____ Zip _____ Dates ____ / ____ to ____ / ____

City _____ State _____ Zip _____ Dates ____ / ____ to ____ / ____

Your Signature _____ **Today's Date** ____ / ____ / ____

California residents check here if you wish a free copy of this report mailed to the address you supplied above

Office Use ONLY *APPLICANT – DO NOT WRITE BELOW THIS LINE*****

FAX TO: (949) 248-0208 **TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:**

Company Name: _____ PO/Location # _____

____ Please start our standard background check (ignore boxes below)

Or select from the following: ___ Criminal History ___ Civil History ___ Credit Report ___ Social Security Verification

___ Driving Report ___ Education/Degree Verification ___ Reference Check ___ National Wants & Warrants ___ Professional License Verification

___ Previous Employer Verification

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Hunt Investigative Group, and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Hunt Investigative Group can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Hunt Investigative Group its sources, officers, agents or employees. Furthermore you agree to indemnify Hunt Investigative Group, its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, credit history and / or workers compensation claim history.

24881 Alicia Pkwy * Suite E271 * Laguna Hills, CA 92653 * 714.568.5464 * fax 714.568.0260 * www.Hunt-Investigations.com