

# NOTIFICATION & RELEASE

Sales Representative: Colby Danforth

Company Name: Partners In Ministry Community Resource & Referral Center  
 Access ID: \_\_\_\_\_ Bee Check ID: 0000131619234800 CAC Code: RJ79

The information contained in my application for employment with (Company Name) Partners In Ministry Community Resource & Referral Center (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and the Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and /or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect at (910) 815-3880 or toll free at (888) 520-0520. The company will make available to you "A Summary of Your Rights Under the Fair Credit Reporting Act."

**PLEASE PRINT**

Name: \_\_\_\_\_ Date of Birth (mo./day/yr.) \_\_\_\_\_  
 (First, Middle, Last)  
 Maiden Name or "AKA" (First, Middle, Last) \_\_\_\_\_ Dates Used (Yr.) from \_\_\_\_\_ to \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Current and previous address (es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (use extra page if Necessary)

Street: \_\_\_\_\_ City, State, Zip, County \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip, County \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip, County \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip, County \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 signature required

For Employer Use Only. Please check mark the searches to be conducted			
Contact: <u>Melba McCallum</u>		Email: <u>mdgmccallum@yahoo.com</u>	
<input type="checkbox"/> Standard Package	<input type="checkbox"/>	<input type="checkbox"/>	Notes
<input type="checkbox"/> Residency History			
<input type="checkbox"/> Social Security Alert			
<input type="checkbox"/> ST-Criminal			



# Partners In Ministry, Inc.

*Personal Consent & Release Form*

*Telephone: (910) 277-3355*

*Fax: (910) 277-3358*

I understand that Partners In Ministry (PIM) cannot be held liable for any injuries or illness that I suffer while performing volunteer work, or utilizing equipment or facilities on PIM property. I expressly waive any such claim for compensation or liability on the part of Partners In Ministry; this includes the owner of any said project, program, or activity.

I also grant Partners In Ministry and its assigns, designees, licensees, and agents the IRREVOCABLE, PERPETUAL, ROYAL-FREE, NON-EXCLUSIVE, and WORLDWIDE right to record and use my name, biographical information, picture, portrait, photograph, video footage, voice, words, music (including words, and/lyrics), and audio (hereinafter the "Content") in all forms and in all media now in existence or developed in the future and in all manners, to include promotional efforts, dissemination to publishers and/or media outlets, or for any other lawful purposes.

I further agree that I am not entitled to and will not receive any compensation for use of the content or work derived therefrom and that PIM is the sole owner of rights in the Content. I further release and absolve Partners In Ministry of any liability resulting from any use of the content or works derived therefrom. It is expressly agreed that the Ministry is under no obligation to use the Content for any purpose whatsoever.

I attest that I am at least eighteen (18) years-old, competent to sign this release and have the right to grant these permissions. I have read this release and am fully aware of its content. I agree that this release shall bind me, my legal representatives, heirs, and assigns. This consent will expire 1 calendar year from the date of signature.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I am signing on behalf of a minor, \_\_\_\_\_ (Print Name of Minor), and certify that I am the parent or guardian of the minor and agree to the consents and waivers, according to the paragraphs above, on behalf of this person.

\_\_\_\_\_  
Print Guardian's Name

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

*For Office Use Only*

Project \_\_\_\_\_

Producer: \_\_\_\_\_ Signature: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_