

CENTRAL UNITED METHODIST CHURCH BACKGROUND CHECK AUTHORIZATION DATA

Please complete the following for proper identification purposes:

Name: _____
Last
First
Middle

Previous Legal Name: _____ Year Changed _____

Social Security Number: _____ - _____ - _____ Date of Birth** _____

Driver's License Number: _____ State: _____

Residence: _____ County: _____ State: _____ Zip: _____

Have you lived at your current address for longer than 90 days? _____ Yes* _____ No
 *If Yes, how long? _____

Please list all other cities, counties and states in which you have lived within the past 10 years.

City	County	State	Years

Please list any other names or Social Security Numbers that you have used and the years changed.

Please list any felony or misdemeanor criminal convictions, guilty pleas or pleas of nolo contendere/no contest, deferred prosecutions, prayers for judgment continued, or pending charges (excluding minor traffic violations). Provide date(s), court of jurisdiction, county/parish and state. Attach another page if necessary.

** Note: Information regarding your date of birth will be obtained for purposes of your background check only.

Date: _____

Signature: _____

Print Name: _____

CENTRAL UNITED METHODIST CHURCH BACKGROUND CHECK AUTHORIZATION

This document is to inform you that, as part of our procedure for processing your employment application or otherwise determining your eligibility for employment, or to remain employed by Central United Methodist Church, criminal records, credit reports and other background checks regarding you may be obtained for employment purposes. This inquiry may, by the nature of the data collected in such records, include information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable.

I, _____, hereby consent to and authorize Central United Methodist Church to obtain one or more consumer/investigative reports on me in connection with my application for employment. Such reports may include, but are not limited to, information regarding my criminal record, driving record, credit, employment history and performance, or other investigative reports. I understand that the agencies from which this report or reports may be sought may include, without limitation, criminal records search agencies, consumer information/credit bureaus, and the like. I also understand that this authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested in connection with my employment with Central

I acknowledge that I have read the information contained on this form carefully and certify that all of the information completed by me on the attached data sheet and as contained in my previous application for employment with Central (and any attachments to it) were and are true and complete to the best of my knowledge. I further understand that any omission of fact or false or misleading information given in this background check authorization and data form (and any attachments to it) or as contained in my previous application for employment with Central (and any attachments to it) may result in the withdrawal of my conditional offer of employment, disciplinary action, suspension or discharge, as applicable.

I also release Central and its officers, directors, trustees, employees and other agents, and all other persons, companies, schools, consumer information agencies, records search firms and other entities, of and from any and all potential liability arising from inquiries by Central and its agents concerning the above background checks and/or the compilation or use of such reports regarding me.

Date: _____

Signature: _____

Print Name: _____