

Background Check Authorization

Ministry Leader/Ministry Area _____

Print Full Name: _____

Social Security Number: _____ Date of Birth: _____

Former Name(s) and Dates Used: _____

Driver's License & State Issued: _____

Current Address: _____

(Street)

(City)

(State/Zip)

Have lived at Current Address since: _____

(month/year)

Email address: _____ Phone Number: _____

Have you ever been charged, convicted, or pled guilty to a crime, either a misdemeanor or a felony including but not limited to drug related charges, child abuse, and/or other crimes of violence, theft, or motor vehicle violation?)

Yes ☐ No ☐ If yes, please explain: _____

The information contained in this form is correct to the best of my knowledge. I hereby authorize **Jarvis Memorial United Methodist Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Jarvis Memorial United Methodist Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Jarvis Memorial United Methodist Church**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature:

Date: