

Providence United Methodist Church

Background Check Authorization

Print Full Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address: _____
From _____ to present (street) (city/town) (state) (zip code)
(Mo/Yr)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Telephone Number(s): _____

Drivers License Number/State: _____/_____

Email: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Providence 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 report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer reports, current and previous residences; employment history, education background, character references; 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 Providence 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.

Providence United Methodist Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____