

BACKGROUND CHECK AUTHORIZATION FORM

Asbury United Methodist Church
1751 27th Street Columbus, Indiana 47201

Full Name of Applicant: _____

Daytime Telephone Number: _____ Cell Phone Number: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

Intended Ministry Area(s): _____

I, the undersigned applicant (also known as "consumer"), authorize Asbury UMC and their independent service agents to procure my background information (also known as a "consumer report and/or investigative consumer report") which might be used for decisions as it pertains to me prior to or at any time during my employment, appointment or volunteering considerations. This may include information contained in public records such as criminal files at the county, state and federal jurisdiction levels, motor vehicle records, social security number verification, state sex offender records and investigations of employment history and performance, and educational credentials.

I understand that I am entitled to a copy of all the background information reports compiled of which I am the subject upon my request to Asbury UMC, provided the request is made within a reasonable time from the date it was produced. I also understand my right to receive a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" as issued by the independent service agents who provided the church with the background information reports.

I hereby release all persons, companies or corporations furnishing such information from liability and responsibility. This form gives Asbury UMC permission to run a background check as needed to be in compliance with church policy.

Signature of Applicant _____ Date _____

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|--|-------|-------|------------------------------|----------------------|---------------|--|
| Other Names Used (maiden, nickname, alias): _____ | | | | | | |
| City and State of Birth: _____ | | | Social Security Number _____ | | | |
| Driver's License Number _____ | | | | State of Issue _____ | | |
| List all addresses for the past seven (7) years, starting with your present address. | | | | | | |
| Street Address | City | State | County | Zip Code | Year(s) There | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |