

BACKGROUND CHECK PERMISSION FORM

Please write NEATLY

The following is identifying information for the Background Information Agency (also known as "Consumer Reporting Agency").

Name (Last) _____ (First) _____ (Middle) _____

Generation (Jr., Sr., etc.) _____ List any maiden/other name used in the last 7 years _____

Social Security Number: _____ - _____ - _____

Driver's License # _____ State _____ Expiration date: _____

Date of Birth: _____ / _____ / 19 _____ Home Phone (_____) _____ Gender: ___ Male ___ Female

Current Street Address: _____ City _____ State _____ Zip _____

Dates at this address: ____/____ to ____/____.

Other addresses where you have lived in the past 7 years:

Address #2 _____ City _____ State _____ Zip _____

Dates ____/____ to ____/____.

Address #3 _____ City _____ State _____ Zip _____

Dates ____/____ to ____/____.

Address #4 _____ City _____ State _____ Zip _____

Dates ____/____ to ____/____.

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize Christ United Methodist Church through its independent contractor, LexisNexis, and /or Bonzi, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; Social Security Number verification; driver's license verification; present and former addresses; criminal and civil history records; and sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am subject upon my request to Christ United Methodist Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Applicant Signature: _____ Today's Date: ____/____/____.

Ministry Approval: _____ Budget Code: REC _____
Signature (Ministry Budget)