

Centreville United Methodist Church Background Authorization

Please print all information.

Last Name _____

First Name _____

Middle Name _____

Previous Last Name _____ Year married _____

Social Security Number _____

Date of Birth (m/d/year) _____

Sex – Male Female

Ethnicity _____

Phone _____

Address _____

The information contained in this application is correct to the best of my knowledge. I authorize Centreville UMC 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 the purpose of employment and/or volunteer purposes. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number, credit 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, country 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 Centreville UMC or it's 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.

***Centreville UMC 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