

Background Screening Consent and Information Form

Applicant should complete all relevant information and sign and date the form.

Organization: _____

Applicant's Full Name (Printed): _____

Other Names Used: _____

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

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Marysville First United Methodist Church abides by all applicable state and federal employment laws.

ADDRESSES (for the past 10 Years)

Present Address _____

City _____ County _____ State _____ Zip _____ Country _____

How Long at Present Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____ Country _____

How Long at Former Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____ Country _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18:

(Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY)

MOTOR VEHICLE RECORDS

Driver's License Number: _____ State of License: _____

PROFESSIONAL LICENSE or CERTIFICATION VERIFICATION

Type of License/Certification: _____

License/ Certificate Number: _____

State: _____ Date of Licensure / Certification: _____

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EDUCATION VERIFICATION

Applicant should list each college, university, or other institute of higher education that he or she has attended. Do not include high school or GED information.

Name of Institution: _____

Address: _____

City: _____ State: _____ Phone: _____

Years Attended: _____ Degree Awarded: _____ Major: _____

Name of Institution: _____

Address: _____

City: _____ State: _____ Phone: _____

Years Attended: _____ Degree Awarded: _____ Major: _____

EMPLOYMENT VERIFICATION

Current Employer: _____ May we contact? _____

Name of Supervisor or HR Contact: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____ Dates of Employment: _____

Previous Employer: _____

Name of Supervisor or HR Contact: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____ Dates of Employment: _____

I, _____, hereby authorize Marysville First United Methodist Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with Marysville First United Methodist Church.

I release Marysville First United Methodist Church and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The name above is my true and complete legal name and all information provided above is true and correct to the best of my knowledge:

Signature of Applicant

Date

Are you applying for employment in California, Minnesota or Oklahoma? Yes ___ No ___
If so, do you want a copy of any Consumer Report prepared concerning you? Yes ___ No ___

I understand that California law requires Marysville First United Methodist Church to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Marysville First United Methodist Church to liability (Section 1786.29).