

APPENDIX III – BACKGROUND CHECK AUTHORIZATION FORM

CONFIDENTIAL

Print applicant's full name (First, Middle, Last)

Print former names(s) and dates used (if any)

Current Address since (Month/Year) (Street, City, State, Zip)

Date of birth

Place of birth

Social Security Number

Driver's License number

Expiration Date

State in which license was issued

Phone Number

Applicant email address

The information contained in this application is correct to the best of my knowledge. You are authorized to rely upon a photocopy or fax copy of this document.

I hereby authorize the **First United Methodist Church of Oviedo FL** 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 employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer 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 for paid staff persons; 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 to divulge any and all information, verbal or written, pertaining to me, to the **First United Methodist Church of Oviedo FL** 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 and its designated agents received from other sources. The **First United Methodist Church of Oviedo FL** and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature of Applicant

Date

Send or deliver request to: Financial Director (*for Background Check initiation and records keeping*)
263 King Street
Oviedo, FL 32765
(407) 365-3255