

TEXAS ANNUAL CONFERENCE

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

Address	Apartment or #
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City	County	State	Zip
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**Date of Birth	Place of Birth	Social Security Number	**Gender	Race
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Drivers License Number _____ State _____ Phone H _____ W _____

E-mail _____ Photo ID? Y _____ N _____

Emergency Contact _____ Phone _____

****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

References –Name	Phone Number
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1. _____
2. _____
3. _____

I, _____, am an applicant for employment / volunteer work with _____ church/division and have been advised that as a part of the application process, the church/division conducts a criminal history background check. I do hereby consent to the church/division use of any information provided during the application process in performing the criminal history check. The church/division has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the church/division. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE	COUNTRY

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. "ALL OFFERS OF EMPLOYMENT/ VOLUNTEER ARE CONTINGENT UPON APPLICANT'S SUCCESSFUL COMPLETION, AS DETERMINED IN EMPLOYER'S SOLE DISCRETION, OF THIS CRIMINAL HISTORY/BACKGROUND CHECK."

Signed this _____ day of _____, 20_____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____
CHURCH Lake Houston UMC

CHURCH ADDRESS P.O. Box 886, Huffman, TX 77336

DISTRICT South Central

AUTHORIZED PERSON REQUESTING CHECK:

(PRINT NAME) _____

(SIGNATURE) _____