

AUTHORIZATION FOR CRIMINAL RECORDS SEARCH

I hereby authorize St. John's United Methodist Church to perform a criminal background search on me. I understand that this will disclose any convictions of any criminal activity maintained on me whether local, state or national.

I release any agency from any and all liability resulting from such disclosure.

I understand that my employment at St. John's is contingent on this background check and if I prefer not to have the check, I will no longer be employed by, or hired by, St. John's United Methodist Church.

I understand that my volunteer work with the youth of St. John's is contingent on this background check and if I prefer not to have the check, I will no longer be able to volunteer with any individuals under 18 years of age at St. John's.

Please print very clearly.

Name; list all names you have used in the last seven (7) years including aliases, and the addresses, including city and state, which apply to those names:

Maiden Name (if applicable): _____

Date of Birth: _____ Place of Birth: _____

Social Security Number(s) and the name(s) you use associated with each number:

Present Address including city, state and zip: _____

Signature, use legal name

Today's Date

Signature of name with which we employ you, if different from above

Check one!

Employee

Volunteer

*Please add your
DL# and state*
