



BACKGROUND INFORMATION AND RELEASE AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

I authorize **Christ United Methodist Church** (“the Company”) & Trusted Employees, 701 5th Street South, Hopkins, MN 55343 to conduct & obtain information as part of the employment/volunteer screening and selection process. This information in part or in whole will be provided to the company (Christ UMC) in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to employers to include wages & verification of employment history, educational institutions & verification of education history to include release of grade point averages, organizations, government agencies, credit reporting agencies, federal, state or county level agencies, social security verification, insurance sources, driving records (if submitting for a MVR (Motor Vehicle Records) and criminal history. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment/volunteering is denied because of information obtained by Christ UMC from a consumer-reporting agency. I understand that if this occurs I will be advised and provided with the name of the agency or source of the information.

My signature below indicates my authorization for Christ UMC and Trusted Employees to obtain a consumer credit report and/or investigative consumer report about me from a consumer-reporting agency. I further understand that I am entitled to a copy of my consumer report directly from the credit bureau free of charge by checking the appropriate box on the form.

I would like a copy of the consumer report prepared. _____ Yes _____ No (If yes, would you like to pick up the report from the _____ church office or _____ sent via e-mail.

E-mail: _____

I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment/volunteering should any statements or answers be found to be false or information omitted; such as false statements or omissions will be just cause for termination of my employment/volunteer status.

I further acknowledge that a photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. **If employee/volunteer is accepted by Christ UMC this authorization will remain in effect throughout the term of the employment/volunteering status.**

Please check the following that applies (choose just one package):

_____ **Volunteer Package \$5.75** (Nationwide Criminal SuperSearch, Nationwide Sex Offender Registry Search, Social Security Trace Plus)

_____ **Volunteer Driving Package \$8.75** (Motor Vehicle Record Search, National Criminal SuperSearch & Sex Offender Registry Search, Social Security Trace Plus)

_____ **Employee Standard Package \$15.50** (Nationwide Criminal SuperSearch & Sex Offender Registry Search, Social Security Trace Plus, Statewide/County Criminal Search (includes 1 country)

_____ **Christ UMC will pay for the necessary background checks. However, if you would like to make a donation to the church to cover the expenses (prices above) please check here.**

Signature: _____

Date: _____

Printed Name: _____

Note: All of your personal information will be kept secure during process and then locked away in a secure file



701 5th Street South, Hopkins, MN 55343 PH (888) 389-4023 (952) 545-3953
www.TrustedEmployees.com

ACKNOWLEDGMENT AND AUTHORIZATION FORM

Christ United Methodist Church

Last Name _____ First _____ Middle _____

Other Names/Alias: _____

Social Security* # _____ - _____ - _____

Email address: _____

Date of Birth* (mm/dd/yyyy) _____ / _____ / _____

Primary Phone # (xxx-xxx-xxxx) _____ - _____ - _____

Alternate Phone # (xxx-xxx-xxxx) _____ - _____ - _____

Resident Information (list any address/cities/states you have lived in during the past 7 years)

Current Address (e.g. 10 Main St NW) _____ APT: _____

City/State/Zip: _____

Previous Address: _____

City/State/Zip: _____

Previous Address: _____

City/State/Zip: _____

Note: Fill out if applying for employment:

Former Employer: _____ Position _____

Dates of Employment: _____

Will you be transporting children or youth in your vehicle? ____ Yes; ____ No

If yes, please also provide the following so we may request a report from the Bureau of Motor Vehicles:

1. State Issued: _____ Driver's License Number: _____ Class _____

2. State Issued: _____ Driver's License Number: _____ Class _____

3. State Issued: _____ Driver's License Number: _____ Class _____

4. State Issued: _____ Driver's License Number: _____ Class _____

5. State Issued: _____ Driver's License Number: _____ Class _____

This information is necessary for the employment/volunteer background check