

Glenn Memorial United Methodist Church
Background Check Disclosure and Authorization [Confidential]

Legal Name (print): _____
Last First Middle

Other Names Used: _____

Current Address: _____

Previous Addresses: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number and State of issuance: _____

Telephone Number (home): _____ Cell: _____

I attest that the above information is true and accurate. If any information provided is found to be intentionally misleading or inaccurate, I will be disqualified for employment.

Glenn Memorial United Methodist Church (Glenn) and its designated agents and representatives will request background information in connection with your application for employment. Information will be obtained from public records and various agencies (local, state or national) that may include, but not limited to: verification of social security number, employment history and eligibility, education background, current and previous residences, as well as civil and criminal records and history. If applicable, credit report, driving record, drug testing result and report about worker's compensation injuries will be obtained.

I have carefully read, understand and accept Glenn's Background Check Disclosure and Authorization. By my signature on this document, I give consent to Glenn and its designated agents and representatives to obtain any and all information, verbal or written, necessary to determine my eligibility for employment.

I hereby authorize any federal, state and local agency, employers (past and present), institutions (public or private), information service bureaus, insurance companies or law enforcement agencies, other individuals and sources to provide any and all information regarding me that is requested by Glenn and its agents and representatives.

Signature: _____ Date: _____

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name _____

Address _____

Sex _____ Race _____ Date of Birth _____

Social Security Number -to be provided by CRA

Signature _____ Date _____

Purpose Code (Reason for search)

___ W - Employment/Volunteer with children

___ E – Employment/Volunteer

You must select one of the two options below for the number of days for authorization:

This authorization is valid for **(select one option from below)**

1. ___ 180 days, or
2. ___ I, the below signed, give consent to the above named to perform periodic criminal history background checks for the duration of my employment or while volunteering with the organization requiring the background check.

Signature _____