

Vol. #	
Background	Check

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability to associate with White House First United Methodist Church, I authorize the church to request reports form FIRST ADVANTAGE/ENTERPRISE ADVANTAGE. Reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on repots from all credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addressed; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to WHFUMC and FIRST ADVANTAGE/ENTERPRISE ADVANTAGE, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize WHFUMC to share such information only with parties in interest who have a "need to know" such information found in its background investigations to any party other than WHFUMC.

I agree that this authorization shall remain valid for the duration of my association with WHFUMC. I certify that the information contained and this authorization from is true and correct and that my application or association may be terminated based on any false, omitted or fraudulent information.

Signature:		Date:	
IDE PLEASE PRINT:	ntifying Information For Volunteer / \$	Staff Employment Screenii	NG
Last Name:	First Name:	Middle:	Suffix:
Other Names (maid	en, aliases, etc.)		
Gender:	Date of Birth:		
Home Phone:	Mobile Phone:	Email:	
Address:			
City:	State:	Zip:	
Country:	Social Security #:		
Drivers License #:		State Issued:	

Employer Address:

Employer Contact Name:_____

ADMITTED CHARGES:

Charge:	Charge Date:	
Charge type: Felony	Misdemeanor	other
IF other what:		
Country:	City:	State:
Charge Description:		

City: _____ State: _____ Zip:_____

Employer Phone: _____ Employer Email: _____

Position Held: ______ Dates of employment: _____