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
Maiden or other nam	e(s) used in any and a	ll other records of	birth or records of reside	nce.	
Address			Apartment or #		
City		County	State	Zip	
**Date of Birth	Place of Birth	Social Security Number	**Gender	Race	
Drivers License Nu	ımber	State	Phone H	W	
E-mail			Photo	ID? Y	N
Emergency Contac	t	F	Phone		
**TO BE USED FO	OR CRIMINAL HIS	STORY CHECKS	S ONLY AND NOT A	PART OF THE I	PERSONNEL
References -Name			Phone	Number	
1					
2					
3					
withapplication process to the church/divis criminal history ch any negative inform	s, the church/division use of any inforect. The church/divation that would a	_ church/division conducts a crimormation providention providention has information dversely impact	, am an applicant for on and have been actininal history backgrouted during the applicationed me that I have the a decision to offer empreasonable opportuni	lvised that as a nd check. I do he ion process in pe right to review a ployment / volunt	part of the reby consent rforming the nd challenge eer work. In
information report church/division. U	ted within a reason Under the fair Cred , address and teleph	onable time fra it Reporting Ac	me established within tt, I have been advised the reporting agency as	n the sole discred d that upon requ	etion of the est I will be

The following are my respon	ises to questions about	t my criminal history (if any).
1YESNO Hav criminal offense? (Exclude I If yes, please provide details	ninor traffic misdeme	icted or plead guilty before a court for any federal, state or municipal anors).
State:	County:	Date of Offense: / /
Details of conviction:		
2. YES NO Ha	ve vou ever received	deferred adjudication or similar disposition for any federal, state or
municipal offense? If yes, please provide details		
State:	County:	Date of Offense:
Details of offense:		
municipal offense? If ye	es, please provide deta	
State:	County:	Date of Offense:
Details of supervision:	_	
4YESNO H jurisdiction of the United		convicted of any criminal offense in a country outside the se provide details below.
Country:	City:	Date of Offense:
Details of conviction:		
5YESNO As of If yes, please provide details		onsent form, do you have any pending charges against you?
State:	County:	Date of Arrest
Details of pending charges:		

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 THATER IN THE CORRECT AND CONTINGENT UPON A LEMPLOYER'S SOLE DOTTO THE CHECK."	OMPLETE. "ALL OFF PPLICANT'S SUCESSI	ERS OF EMPLOYM FUL COMPLETION	ENT/ VOLUNTEER AR , AS DETERMINED I
Signed this	day of	, 20	
APPLICANT (PRINT NAM	IE)		
APPLICANT'S SIGNATURI CHURCH			
CHURCH ADDRESS_			
DISTRICT			
AUTHORIZED PERSO	ON REQUESTING O	CHECK:	
(PRINT NAME)			
(SIGNATURE)			