

## **FORM C      BACKGROUND CHECK FORM**

<b>DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION</b>
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In connection with my application for employment or to serve as a volunteer with First United Methodist Church Odessa , I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by First United Methodist Church Odessa for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s      privacy      practices,      see      [www.protectmyministry.com](http://www.protectmyministry.com).

<b>ACKNOWLEDGEMENT AND AUTHORIZATION</b>
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By signing below, I voluntarily and knowingly authorize First United Methodist Church Odessa or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

PRINT NAME (last, first, middle) \_\_\_\_\_

CURRENT STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SSN # \_\_\_\_\_ D/L or STATE ID \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ List Other Names Used \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TODAY’S DATE \_\_\_\_\_