



CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

(Required for all Prospective Employees and Ministry Volunteers that will have contact with minors or vulnerable adults.)

Confidentiality Notice

This background check authorization form is to be completed as part of the Pre-Employment or Ministry Volunteer process. This form contains confidential information that will be secured and may only be reviewed in a controlled environment by Fishers United Methodist Church Pastors, Ministry Directors, and members of the Staff Parish Relations Committee. Persons who review, duplicate, distribute, or disclose any portion of this document without authorization may face one or more of the following consequences: 1.) termination of employment, if an employee, 2.) dismissal from any official positions within the church, if a volunteer, 3.) possible criminal liability, and/or 4.) possible civil liability.

All of the information requested below must be completed.

First Name

Middle Name

Last Name

Any Other Names (i.e. Maiden): _____

Current Address: _____

Email Address: _____

Home Phone

Cell Phone

Social Security Number

Date of Birth (00/00/0000)

Drivers License Number

State of Issuance: _____ Expiration Date:

Type of Position (Check 1) Ministry Volunteer Paid Employee

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense, including sex offense, or offenses against a minor? A criminal conviction will not necessarily disqualify you from consideration for employment. No Yes If yes, please explain: _____

Please List Two Personal References

Name	Phone Number	Relationship
1.) _____	_____	_____
2.) _____	_____	_____

Authorization and Release for a Criminal Background Check

*I understand that a criminal background and social security number check will be conducted on me prior to employment or volunteer service at Fishers United Methodist Church (Fishers UMC). Some positions will also require a financial and/or driving record check. **I hereby consent to such checks.** The information contained here, as well as that provided in my application, resume, and information provided in any conversation or interview with any representatives of Fishers UMC (including conversations with references that I provide) may be used in conjunction with such background checks to ensure the information is accurate. I authorize Fishers UMC and its agents to conduct a thorough inquiry into all areas deemed necessary to arrive at a hiring or voluntary service decision, and I release all employment, educational, driving and criminal public record information, and personal and professional references, from any liability so that they may freely and completely respond to any inquiry relating to my application for employment or volunteer service. I also understand that as long as I remain an employee or volunteer at Fishers UMC, the Criminal Background Check may be repeated at any time. I understand that I will have an opportunity to review my Criminal Background Check report if requested and a procedure is available for clarification, if I dispute the record as received.*

Signature: _____

Printed Name: _____

Date: _____

If you are less than eighteen years of age, a parent or legal guardian must also sign below:

Parent/Guardian Signature	Date	Relation to Applicant
_____	_____	_____

-----For Office Use Only ▼-----

Authorization Received on: _____

Date

Received by: _____ Title: _____

Date

Criminal History Check Record

Date(s): _____
