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 name	(s) used in any and a	ll other records of	f birth or records of	of residence.	
Address			Apartment or #		
City		County	State	Zip	
**Date of Birth	Place of Birth	Social Security Number	**Ge	nder Race	•
Drivers License Nu	mber	State	Phone l	Н	_ W
E-mail				Photo ID? Y	N
Emergency Contact]	Phone		
**TO BE USED FO	R CRIMINAL HIS	STORY CHECK	S ONLY AND M	NOT A PART OI	F THE PERSONNEL
References -Name				Phone Number	
1					
2					
3					_
withapplication process, to the church/division criminal history cheany negative informaddition, I have be information reported church/division. Un	the church/division use of any inforce. The church/division that would accent informed that and within a reasonder the fair Cred address and teleph	_ church/divisin conducts a cripromation provided vision has information to the conduction of the cond	on and have be minal history bated during the a med me that I have a decision to of reasonable op- time established ct, I have been	peen advised the ckground check. pplication proce ave the right to refer employment portunity to cle within the sol advised that up	ent / volunteer work at as a part of the I do hereby consent ss in performing the review and challenge / volunteer work. In ar up any mistaken e discretion of the on request I will be the nature, substance

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)			