## MS Conference of the UMC Background Investigation Consent Form

I, (print full name)		do authorize Christ United
Methodist Church to make an investigation	າ of my backgroເ	und, references, character, past employment,
criminal records and where applicable, my	motor vehicle re	ecords and financial records, for the purpose
of confirming the information contained or	n my job applica	tion or volunteer form. I understand this
authorize extends to the obtaining of infor	mation which m	ay be material to my qualifications for
employment or as a volunteer.		
I release Christ United Methodist Church a	nd Trak-1 Techn	ologies from any and all liabilities, claim or
lawsuits in regards to the information obta	ined from any a	nd all of the above reference sources used.
Ministry where you are serving:		
PLEASE PRINT ALL INFORMATION		
Email Address:		
Name: First: M	iddle:	Last:
Maiden Name or other Names Used:		
Social Security Number:		_
Date of Birth:/		
Present Street Address:		
City/State/Zip Code:		
Length of time at Present Address:		
Former Street Address:		
City/State/Zip Code:		
Length of time at Former Address:		
Driver's License Number:		State of Issue:
Phone Number:		
By Signing below, I do acknowledge the mamy knowledge.	nterial contained	above to be true and correct to the best of
Applicant Signature:		Date://
Printed Name:		