

**CONFIDENTIAL – Destroy Bottom Section after Check**

**Background Check Authorization**

Have you had a National Check Background check run in the past 2 years?  
You can supply proof and forgo another check.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

Email: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **PNW Annual Conference of the UMC** and its designated agents and representatives to conduct a comprehensive review of my criminal background causing an investigative report to be generated for employment and/or volunteer purposes. I understand that the scope of the report/ investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **PNW Annual Conference of the UMC** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**\*\* PNW Annual Conference of the UMC** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tear off this section and destroy after running the check. Retain only the top portion.

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

