

Background Check Authorization and Consent

CONFIDENTIAL

Please complete and submit to hr@fmhouston.com for processing.

GENERAL INFORMATION

Please indicate the purpose of this background check.

☐ Employment

☐ Volunteer

Last name

First name

Middle name or initial

Maiden or other name(s) used in any other records of birth or records of residence.

* Address

Apartment #

City

County

State

Zip

* Date of Birth

*Social Security #

*Gender

*Race

*Driver's License #

*State of Issue

*Home Phone

*Cell Phone

** Information provided must match the employment application.*

AUTHORIZATION

I _____, do hereby authorize first Methodist Houston and its affiliates, designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, 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.

The consumer reporting agency that will prepare the "consumer reports" for first Methodist Houston and its affiliates is backgroundchecks.com, located at 917 Chapin road, post office box 353, Chapin S.C. 29036, 1-866-265-6602.

CRIMINAL HISTORY QUESTIONNAIRE

Due to the nature of our organization the background check search parameters are indefinite, so please answer accurately. A "yes" answer to any of the questions listed may not automatically disqualify you. However, falsification of the requested information and/or not fully disclosing any and all information will impact your application. In addition, we require potential employees and volunteers to undergo a detailed screening in order to assure the health, safety, and security of our children and youth.

PLEASE ANSWER BELOW (If you answer yes to any question, please attach a detailed explanation on a separate sheet.)

1. ☐ YES ☐ NO Have you ever been convicted or plead guilty for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, please provide details below.

State: _____ County: _____ Date of offense: _____

Details of conviction: _____

2. ☐ YES ☐ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of offense: _____

Details of conviction: _____

3. ☐ YES ☐ NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of offense: _____

Details of conviction: _____

4. ☐ YES ☐ NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below

State: _____ County: _____ Date of offense: _____

Details of conviction: _____

5. ☐ YES ☐ NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of offense: _____

Details of conviction: _____

☐ YES ☐ NO Have you ever had a problem with drugs, alcohol, pornography, or any other addiction, or, has anyone suggested that you may have a problem with any of things?

☐ YES ☐ NO Child Abuse: Have you ever been **charged** with **or convicted** of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?

☐ YES ☐ NO Have you had any motor vehicle violations or traffic accidents in the past 5 years?

☐ YES ☐ NO Are you on any type of driving probation?

☐ YES ☐ NO Are you currently on or have you ever been granted pre-trial diversion?

☐ YES ☐ NO Have you ever been investigated by CPS?

RESIDENCE HISTORY

This section is to be used to list all previous counties and states of residence since age 18.

City/Town	County	State	Years Lived

ACKNOWLEDGMENT

I hereby acknowledge and certify that all information provided is true, correct and complete. I have carefully read the preceding information regarding criminal background checks and declare that the information provided above is an accurate reflection of any and all arrests, convictions, guilty pleas or pleas of no contest related to my background.

I further authorize and permit First Methodist Houston and its affiliates to (a) obtain one or more reports from a consumer reporting agency; (b) authorize any consumer reporting agency designated to obtain information/ reports concerning me from any public or private information source; (c) authorize anyone to provide information to the consumer reporting agency; (d) authorize and instruct the consumer reporting agency to provide the reports to First Methodist Houston and its affiliates; (e) authorize the sharing of those reports with others for legitimate business purposes related to this application or relationship with First Methodist Houston and its affiliates.

I also agree that a fax, image, or copy of this authorization is as valid as the original. If any information proves to be incorrect or incomplete, I understand that it may be considered grounds for canceling any and all offers of employment or volunteer opportunities, at the discretion of the church.

By signing below, I affirm my understanding and agreement of these acknowledgments and authorizations, which will remain valid for this application and/or the duration of the relationship with First Methodist Houston and its affiliates.

Signed this _____ day of _____, 20 _____

Applicant (Print Name) _____

Applicant's Signature _____

DO NOT WRITE BELOW THIS LINE

(To be completed by Human Resources)

Requested by: _____

Date Ordered: _____

Date Received: _____

Results: ☐ Cleared

☐ Flagged

☐ Additional information/verification needed

Notes: _____

