







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	Contractor
Department:	∏ FMH	☐ QMC	☐ Missions	☐ Family Ministries	□NIA	
Last name			First name		Middle name or initial	
Maiden or othe	er name(s) used	l in any other reco	ords of birth or reco	rds of residence.		
* Address				Apartment #		
City		County		State	Zip	
* Date of Birth	1	*Social Secu	rity #	*Gender	*Race	
*Driver's Lice	ense #			*State of Issue		
*Home Phone * Information 1		match the employ	ment application.	*Cell Phone		
<u>AUTHORIZ</u>		1 2	**			
report to be ger consumer report previous resider	nerated for empt t may include, l nces; employm	ployment and/or sout is not limited the ent history, education	review of my back, volunteer purposes. to the following are ttion background, c	thorize first Methodist Houstoground causing a consumer re I understand that the scope as: verification of social secur haracter references; drug test y jurisdictions; driving record	port and/or an investigative of the consumer report/ in ity number; credit reports, ing, civil and criminal histo-	e consumer evestigative current and ory 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 OUESTIONNAIRE

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 ANSWI	ER BELOW (If you answer <u>yes</u> to <u>any</u> quest	ion, please attach a detailed explanation on a separate sheet.)				
	O Have you ever been convicted or plead guors). If yes, please provide details below.	ilty for any federal, state or municipal criminal offense? (exclude minor				
State:	County:	Date of offense:				
Details of convic						
2. YES NO yes, please provide		ion or similar disposition for any federal, state or municipal offense? In				
State:	County:	Date of offense:				
Details of convic	tion:					
3. YES NO please provide deta		nmunity supervision for any federal, state or municipal offense? If yes				
State:	County:	Date of offense:				
Details of convic	tion:					
yes, please provide	e details below	inal offense in a country outside the jurisdiction of the United States? If				
State:	County:	Date of offense:				
Details of convic	tion:					
5. YES NO below.	O As of the date of this consent form, do yo	ou have any pending charges against you? If yes, please provide details				
State:	County:	Date of offense:				
Details of convic	tion:					
☐ YES ☐ NO	Have you ever had a problem with drugs, alcohol, pornography, or any other addiction, or, has anyone that you may have a problem with any of things?					
☐ YES ☐ NO	Child Abuse: Have you ever been charged with <u>or convicted of physical abuse, sexual abuse, neglet molestation, or exploitation of a minor?</u>					
☐ 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	Are you on any type of driving probation?				
☐ YES ☐ NO	Are you currently on or have you ever b	Are you currently on or have you ever been granted pre-trial diversion?				
☐ YES ☐ NO	Have you ever been investigated by CPS	3?				

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		
<u>ACKNOWLEDGM</u>	<u>IENT</u>				
information regarding cri	minal background checks as		and complete. I have carefully read the preceding on provided above is an accurate reflection of any and and.		
agency; (b) authorize any information source; (c) a consumer reporting agence	consumer reporting agency authorize anyone to provid- cy to provide the reports to I	designated to obtain informate information to the consunderst Methodist Houston and	otain one or more reports from a consumer reporting tion/reports concerning me from any public or private ner reporting agency; (d) authorize and instruct the its affiliates; (e) authorize the sharing of those reports thip with First Methodist Houston and its affiliates.		
	that it may be considered g		riginal. If any information proves to be incorrect of all offers of employment or volunteer opportunities		
		reement of these acknowledg p with First Methodist Houst	ments and authorizations, which will remain valid for on and its affiliates.		
Signed this	day of, 20				
Applicant (Print Name)					
Applicant's Signature	-				
		WRITE BELOW TH			
Requested by:		Date Ordered:			
Date Received:		Results: Cleare			
		— ☐ Flagge	ed		
		_ 66	ional information/verification needed		
Department Notified:			ional information vermoation needed		
Notes:					