

Ministry Area: _____

Hickory Flat United Methodist Church
Candidate Authorization Form and Background Investigation Consent

I, _____, hereby authorize Hickory Flat United Methodist Church and/or its agents to make an independent investigation on my background, references, character, criminal or police records, including those maintained by both public and private organizations and all other public records for the purpose of confirming the information contained on this application and/or obtaining other information which may be material to my qualifications to work with children and, and if applicable, during the tenure of my volunteer work at Hickory Flat United Methodist Church.

I release any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Name Last _____ First _____ Middle _____

Present Address _____

City _____ State _____ Zip _____

How long at present address? _____

If at present address less than 3 years please give former address:

Former Address _____

City _____ State _____ Zip _____

How long at former address? _____

Date of Birth* _____ Email _____

Cell Phone _____

Social Security Number _____

Signature of Candidate

Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Hickory Flat United Methodist Church abides by all applicable state and federal employment laws.