

## **Authorization and Release Form to Conduct a Background Check**

I, the undersigned applicant, do hereby authorize Creekwood UMC by and through its independent contractor, Trak-1 to conduct background information checks on me.

These above mentioned background information checks may include, but are not limited to, employment and education verifications, social security verification, driving record information, personal references, and personal interviews. I further understand that an acceptable background check will allow me to continue the pre-employment process and that an unacceptable background check may result in the discontinuation of my pre-employment process. I understand if I am hired prior to the completion of the background check, that an unacceptable background check will result in my termination.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal background search prepared on me upon written request to Trak-1 within a reasonable time after the date of such search.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Creekwood UMC, by and through Trak-1, including but not limited to, any courthouse, any public agency, and all law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Creekwood UMC, Trak-1 and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, by me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with compilation or preparation of the background information check hereby authorized.

I understand that by signing this form that future background checks will be conducted on an annual basis as long as I am continuing to volunteer with children or youth at Creekwood UMC. This background check will be automatically submitted annually using the information on this form.

**PRINTED NAME:**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DRIVERS LICENSE #** \_\_\_\_\_ **STATE OF ISSUE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **SS#** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_