

## Authorization

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**Authorization:** By signing below, you authorize: (a) backgroundchecks.com (“BGC”) to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us (i.e., the Texas Annual Conference of United Methodist Churches or a church which is a member of the Texas Annual Conference of United Methodist Churches ) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee or volunteer with us.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. If you are a New York applicant, a copy of New York’s law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

**Personal Information:** Please print the information requested below to identify yourself for BGC.

Printed name: \_\_\_\_\_  
First Middle (  none ) Last

Other names used: \_\_\_\_\_

Current and former addresses:

\_\_\_\_\_ current \_\_\_\_\_  
from Mo/Yr to Mo/Yr Street City, State & Zip

\_\_\_\_\_ \_\_\_\_\_  
from Mo/Yr to Mo/Yr Street City, State & Zip

\_\_\_\_\_ \_\_\_\_\_  
from Mo/Yr to Mo/Yr Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

\_\_\_\_\_ \_\_\_\_\_  
Date of birth Social security number

\_\_\_\_\_ \_\_\_\_\_  
Driver’s license number & state Name as it appears on license

\_\_\_\_\_ \_\_\_\_\_  
Email Address Phone Number

**Report Copy:** If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

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

Please return forms to: Memorial Drive United Methodist Church  
Attn: Jody Griggs  
12955 Memorial Dr  
Houston TX 77079

## Disclosure

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We (i.e., the Texas Annual Conference of United Methodist Churches or a church which is a member of the Texas Annual Conference of United Methodist Churches) will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment and/or volunteering purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, volunteering and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is backgroundchecks.com ("BGC"). BGC's address is P.O. Box 353, Chapin, SC 29036. BGC's telephone number is (866) 265-6602. BGC's website is [www.backgroundchecks.com](http://www.backgroundchecks.com), where you can find information about whether BGC's international privacy practices.

To prepare the reports, BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that BGC provides and BGC's files about you (in person, by mail, or by phone) by providing identification to BGC. If you do, BGC will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If BGC obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

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Signature

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Date

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Printed Name

Do not attach this document to, or include it in, an employment application or any other document.