

APPLICANT STATEMENT OF AUTHORIZATION

As a condition of employment, I authorize the Dakotas Conference of the United Methodist, or any investigative service to investigate my background to determine suitability for employment, and understand that the inclusion of any false or misleading information on my application may be grounds for immediate dismissal.

I have reviewed this form, fully understand the intent of this authorization and give my full consent for the disclosure of all my records (whether personal or otherwise) from current and/or previous employment, educational institutions, credit and financial institutions, Department of Motor Vehicles, criminal law and law enforcement agencies, and military records (which could include a copy of my DD-214 Separation Form.)

I fully understand the information provided by the agent is accurate only as to what was provided to them and, therefore, do not hold the agent, nor the Dakotas Conference of the United Methodist liable in any way.

A photocopy of this release will be valid as an original, even though said photocopy does not contain an original writing of my signature.

Signature

Date

Printed Signature

Date of Birth

Driver's License# and State

Social Security #

(The inclusion of your date of birth is voluntary, but could help verify records obtained.)

Please indicate below if you have been employed or educated under another name and the dates this name was used, i.e. maiden name, nickname, alias, etc.

APPLICANT STATEMENT OF AUTHORIZATION FOR CONSUMER REPORT

In connection with my application for employment with Dakotas Conference of the United Methodist, I understand that investigative background inquiries are made on myself including a consumer credit report. I authorize and give full consent for Dakotas Conference of the United Methodist Church, or any investigative service to obtain my records with credit and financial institutions.

I fully understand the information provided by the agent is accurate only as to what was provided to them and, therefore, do not hold the agent nor Dakotas Conference of the United Methodist Church liable in any way.

A photocopy of this release will be valid as an original, even though said photocopy does not contain an original writing of my signature.

Signature

Date

Date of Birth

Driver's License # and State

Social Security #

(The inclusion of your date of birth is voluntary, but could help verify records obtained.)

Please indicate below if you have been employed or educated under another name and the dates this name was used, i.e. maiden name, nickname, alias, etc.

THE UNITED METHODIST CHURCH BIOGRAPHICAL INFORMATION FORM

Name _____ Date _____

Address _____
 Street City State Zip

Home Phone (____) _____ School or Office Phone (____) _____ Birth date _____

Sex: M _____ F _____ E-mail _____

Ethnic Origin: Asian African American/Black Hispanic Other:
 Native American Pacific Islander White _____

Local Church _____ City/State _____

Conference _____ District _____

Briefly describe your involvement in your local church, such as your leadership positions, groups you enjoy, church activities, etc.

Describe your church involvement in activities beyond your local church, such as district or annual conference work, church camps, workshops, outreach, etc.

Employment Information

Company Name	Position	City, State	Phone Number	Date Started MM/DD/YYYY	Date Left MM/DD/YYYY	Employee number	Point of Contact Title/First Last Name	Relationship Friend/Family/Supervisor Coworker/Owner/Other

School Information

*** Note *** If additional space is needed, please use a separate sheet of paper and attach to this form.

**THE UNITED METHODIST CHURCH
BIOGRAPHICAL INFORMATION FORM**

Name	Relation	Age	Sex	Education	Marital Status	Occupation
_____	<u>Father</u>	_____	_____	_____	_____	_____
_____	<u>Mother</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your work experience, such as current employment, previous employment, and military experience, if any.

Have you served as a local pastor, diaconal minister, deacon or elder in The United Methodist Church? Yes ___ No ___

If Yes, what Conference? _____

Conference Relationship	<u>Indicate Date</u>		<u>Indicate Date</u>
Consecrated Diaconal Minister	_____	Probationary Member	_____
License as a Local Pastor	_____	Deacon in Full Connection	_____
Associate Member	_____	Elder in Full Connection	_____

Have you had a change in clergy relationship with a conference of The United Methodist Church? Yes ___ No ___

If Yes, what Conference? _____

Change in Conference Relationship	<u>Indicate Date</u>		<u>Indicate Date</u>
Discontinuance	_____	Location	_____
Leave of Absence	_____	Retirement	_____
Disability Leave	_____	Withdrawal	_____
Termination by action of the annual conference	_____		

***** ***** **If additional space is needed, please use a separate sheet of paper and attach to this form.**

**THE UNITED METHODIST
CHURCH BIOGRAPHICAL
INFORMATION FORM**

**THE UNITED METHODIST CHURCH
CANDIDATE'S DISCLOSURE FORM
"324.12**

Please complete this form, sign and date it, have your signature notarized, all return it to

Have you ever been:

- | | | |
|--|----|-----|
| 1. Convicted of a felony? | No | Yes |
| 2. Convicted of a misdemeanor? | No | Yes |
| 3. Accused in writing of sexual misconduct or child abuse? | No | Yes |

If you answered yes to any of these questions, please explain.

If you are required by this disclosure form to disclose any written accusations or convictions for felony, misdemeanor or any incident of sexual misconduct that you dispute or believe should be explained in any way, you have an opportunity at this time to include any additional information that you believe might be helpful or important regarding the disclosure. Any relevant additional information should be provided in a response statement attached to the form. (Note: It would be preferable if this response statement could be included right on the disclosure statement, however, we realize there are space limitations on forms and thus you might need to request that the statement be attached. Please indicate if pages are attached.)

I hereby certify that the information provided on this form is true and accurate.

Print Name _____

Signature _____ Date _____

Subscribed and sworn this _____ day of _____ 20_____

Notary Public _____

BOM Handbook, Chapter 7, Background Checks

Form 114/2016

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*** Note ***

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