

Niceville United Methodist Church
214 Partin Dr. S.
Niceville FL 32578
850-678-4411

AUTHORIZATION FORM:

During the application process and at any time during the tenure of my employment with Niceville United Methodist Church, I hereby authorize ChoicePoint Services Inc., on behalf of Niceville United Methodist Church to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name and Signature (print & sign) _____
Date

Current address: _____
City: _____ State _____ Zip _____
Phone(s): _____
Date of Birth _____ Soc. Sec. # _____
Driver License # _____ Driver License State _____
If at this address less than 3 months give previous address(es):

Office Use:-----

Name of in taker : _____ (please print)
Department _____

Search results: Negative, positive (print results, attach to this form-notify executive pastor or minister of administration).