

Authorization to Request Criminal Records and Credit Records Check

I, _____, HEREBY AUTHORIZE the **Florida Conference of The United Methodist Church** to request any local, state, or federal law enforcement department or agency to release information regarding any record of any investigations, charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state or national file, and including, but not limited to, accusations and convictions for crimes committed against minors to the fullest extent permitted by local, state and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

In connection with my application for candidacy for ordained ministry, and possible future employment within the Florida Conference of The United Methodist Church, I understand that an investigative background and credit inquiry is to be made on myself, including, but not limited to, identity, prior address(es) verification, criminal history, driving history, consumer credit history, education verification, prior employment verification, and work and other references, as well as other information. I hereby authorize without reservation any company, agency, party, or other source contacted to furnish the above information as requested. I do hereby release, discharge and indemnify the prospective employer, its agents and associated to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information.

I am willing and acknowledge that a photocopy of this authorization be accepted with the same authority as the original.

Applicant's Full Legal Name _____ Date of Birth _____

All other Names that have been used by the Applicant _____

Applicant's Social Security Number _____ Date of Birth _____

Drivers License Number _____ Issuing State _____

Drivers License Expiration Date _____ **District** _____

Current Street Address _____

City, State, Zip _____

Prior Street Address _____

City, State, Zip _____

Please Sign and Date:

Applicant's Signature _____ **Date**

Please read, complete, sign and have page 2 notarized and submit with this release.

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1. Have you ever been accused, whether in writing or not, of inappropriate sexual behavior or sexual harassment, including but not limited to:
- a. Sexual relations, involvement, or conduct as an adult with someone else, male or female, who was under the age of 18; Yes _____ No _____
 - b. Forcing another, of any age, to engage in actions of a sexual nature; Yes _____ No _____
 - c. Using a position of influence to obtain sexual favors? Yes _____ No _____

For each affirmative answer to Question 1, provide the following on a separate sheet of paper:

- 1. The date of the allegation or accusation;
- 2. The nature of the allegation or accusation;
- 3. Your response to the allegation or accusation;
- 4. The outcome/disposition of the allegation or accusation.

2. Have you ever been accused, whether in writing or not, of any type of child abuse? Yes _____ No _____

If your answer to Question 2 is in the affirmative, provide the following on a separate sheet of paper:

- 1. The date of the allegation or accusation;
- 2. The nature of the abuse alleged;
- 3. Your response to the allegation or accusation;
- 4. The outcome/disposition of the allegation or accusation.

Dated this _____ day of _____, 20____, in _____ County,

State of _____

Signed _____ Printed Name _____

To be completed by a Notary Public

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by

_____ who has personally known to be or has produced _____

_____ as identification and who upon his/her oath, or by affirmation, declared the information

provided above and as attached is true and complete to the best of his/her information and belief.

Signature of Notary _____ SEAL

Name of Notary Public Printed _____

My Commission Expires _____ My Commission Number is _____