

**Great Lakes Region Church of God of Prophecy**  
**CONSENT TO PERFORM A HISTORY/BACKGROUND CHECK**  
**IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

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Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

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E-mail Address	Phone Number
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* Address	Apartment or #
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Rac
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**Drivers License Number	**State of Issue
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**\*AS SHOWN ON THE ORIGINAL APPLICATION**  
**\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS / CREDIT REPORTS / MOTOR VEHICLE REPORTS ONLY**  
**AND NOT A PART OF THE PERSONNEL FILE.**

I, \_\_\_\_\_, am an applicant for employment with the \_\_\_\_\_ CHURCH. As a part of the application process I have been advised that the district conducts a criminal history check that may include a credit report and or motor vehicle report. I do hereby consent to the use of any and all information provided to the district in the application process to be used in the criminal history/background check.

The following are my responses to questions about my criminal history (if any).

1. \_\_\_ YES \_\_\_ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).  
If yes, please provide details below.

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State:	County:	Date of Offense:	/ /
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Details of conviction:

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2. \_\_\_ YES \_\_\_ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?  
If yes, please provide details below.

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State:	County:	Date of Offense:	
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Details of offense:

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3.  YES  NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of supervision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4.  YES  NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of conviction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.  YES  NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest \_\_\_\_\_

Details of pending charges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.**

CITY/TOWN	COUNTY	STATE	YEARS LIVED
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE CHURCH.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

APPLICANT (PRINT NAME) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_