

**PERMISSION TO RELEASE INFORMATION FOR PERSONAL HISTORY EVALUATION**

DATE:

I hereby give my permission for authorized agents of West Ohio United Methodist Church to conduct an investigation of my background, including arrest/conviction records, employment, health, credit, military, driving record, and other factors which such agents may deem proper and necessary subjects of investigation, in order to properly assess my character, reputation, and background in connection with my application for employment with West Ohio United Methodist Church.

I give my permission for any person, business, or institution contacted in the course of such investigation to release any and all information properly requested, and copies of same if requested. I do hereby release such person, business, or institution from all liability for providing correct information. I understand that I may request a complete and accurate disclosure of the nature and scope of the background investigation; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

I recognize the right of West Ohio United Methodist Church to treat at its discretion certain sources as confidential.

Applicant Signature: \_\_\_\_\_

Print Name:

Current Address:

City:

State:

Zip Code:

Previous address:

Previous address:

Date of Birth:

Social Security No.:

Driver's License No.:

State:

In Presence of Witness: \_\_\_\_\_

*(signature)*

Print Witness Name and Title:

**Note:** You may retain a copy of this form for your files.