

Permission to Release Information Form for Personal History Evaluation

**Items are fillable online*

I hereby give my permission for authorized agents of the West Ohio Conference of The 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 the West Ohio Conference of The 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 the West Ohio Conference of The United Methodist Church to treat at its discretion certain sources as confidential.

*Full Name: _____
*Current Address: _____
*Previous Address: _____
*Previous Address: _____
*Date of Birth: _____
*Social Security No. _____
*Driver's License No. _____
*State: _____

Applicant Signature: _____ *Date: _____

The applicant is to sign this form in front of the witness listed below.

*Witness Name: _____
*Witness Title: _____
*Relationship: _____

Witness Signature: _____ *Date: _____

Parts of this form can be filled out electronically, but it must be saved, printed and signed by the applicant and a witness and returned to Jill Philipp, Cabinet Administrative Coordinator at jphilipp@wocumc.org.

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