

CONSENT TO PERFORM BACKGROUND CHECK

Last Name	First Name	Middle Name or Initial	
Maiden or other name(s) used in any and all other records of birth or records of residence.			
* Address	Apartment or #		
City	County	State	Zip
** Date of Birth	Social Security Number	**Gender	**Race

****TO BE USED FOR BACKGROUND CHECK PURPOSES ONLY**

I hereby consent and authorize the Church of God of Prophecy and its agent to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to the Church's use of any information provided on this form or during the application process in performing the background check. I agree to release, indemnify and hold harmless the Church of God of Prophecy and any agency used by the Church with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of the Church. I acknowledge that facsimile, copy or electronic version of this form shall be as valid as the original.

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.

State: _____ County: _____ Date of Offense: / /

Details of conviction:

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.

State: _____ County: _____ Date of Offense: _____

Details of offense:

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:

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

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

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 DENYING OR TERMINATING MY ABILITY TO PROVIDE SERVICES FOR THE CHURCH OF GOD OF PROPHECY.

Signed this _____ day of _____, _____.

CANDIDATE (PRINT NAME)

CANDIDATE SIGNATURE