APPLICANT STATEMENT OF AUTHORIZATION

As a condition of employment, I authorize the Dakotas Conference of the United Methodist, or any investigative service to investigate my background to determine suitability for employment, and understand that the inclusion of any false or misleading information on my application may be grounds for immediate dismissal.

I have reviewed this form, fully understand the intent of this authorization and give my full consent for the disclosure of all my records (whether personal or otherwise) from current and/or previous employment, educational institutions, credit and financial institutions, Department of Motor Vehicles, criminal law and law enforcement agencies, and military records (which could include a copy of my DD-214 Separation Form.)

I fully understand the information provided by the agent is accurate only as to what was provided to them and, therefore, do not hold the agent, nor the Dakotas Conference of the United Methodist liable in any way.

A photocopy of this release will be valid as an original, even though said photocopy does not contain an original writing of my signature.

Signature	Date
Printed Signature	
Date of Birth	Driver's License# and State
Social Security #	

(The inclusion of your date of birth is voluntary, but could help verify records obtained.)

Please indicate below if you have been employed or educated under another name and the dates this name was used, i.e. maiden name, nickname, alias, etc.

APPLICANT STATEMENT OF AUTHORIZATION FOR CONSUMER REPORT

In connection with my application for employment with Dakotas Conference of the United Methodist, I understand that investigative background inquiries are made on myself including a consumer credit report. I authorize and give full consent for Dakotas Conference of the United Methodist Church, or any investigative service to obtain my records with credit and financial institutions.

I fully understand the information provided by the agent is accurate only as to what was provided to them and, therefore, do not hold the agent nor Dakotas Conference of the United Methodist Church liable in any way.

A photocopy of this release will be valid as an original, even though said photocopy does not contain an original writing of my signature.

Signature	Date
Date of Birth	Driver's License # and State
Social Security #	
(The inclusion of your date of birth is volu	ntary, but could help verify records obtained.)
Please indicate below if you have been emp dates this name was used, i.e. maiden nam	ployed or educated under another name and the e, nickname, alias, etc.

	ne					Date			
Address _	S	treet				City		State	Zip
Llama Dh				School or Office	Dhone /	•	Dieth d		
								ate	
Sex: M _	F_	E-m	ail						
Ethnic Ori	-	an tive Amerio		African American, Pacific Islander		Hispanic White	Other:		
Local Chu	Church					City/State			
Conferen	ce				District				
	your church os, outreach		ent in activiti	es beyond your lo	ocal church, such	as district or ar	nnual conferen	ce work, ci	nurcn camps,
workshop	•		ent in activiti		ment Inform		Point of Contact Title/First	F	Relationship
	•		Phone Number				Point of Contact	F Friend/	
mpany	os, outreach	City,	Phone	Employ Date Started	ment Inform	ation Employee	Point of Contact Title/First Last	F Friend/	Relationship Family/Supervi
mpany	os, outreach	City,	Phone	Employ Date Started	ment Inform	ation Employee	Point of Contact Title/First Last	F Friend/	Relationship Family/Supervi
mpany	os, outreach	City,	Phone	Employ Date Started	ment Inform	ation Employee	Point of Contact Title/First Last	F Friend/	Relationship Family/Supervi
mpany	os, outreach	City,	Phone	Employ Date Started	ment Inform	ation Employee	Point of Contact Title/First Last	F Friend/	Relationship Family/Supervi

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Institution Name	City, State	Degree/Certificate/Cr dit Hours Month & Year	
gh school			
llege			
aduate School			
eological Seminary			
Course of Study for Ordained Ministry Yr.1	Yr.2 Yr.3	Yr.4 Yr.	5
Advanced Course of Study:	S	Semester Hours Credit	
	Married, in first n Separated	narriage Marri Divor	ed, in second or more ced
If married, spouse's name		Birth o	date
Date of Marriage	_ Spouse's occupa	tion	
Your children, if any: Name of child	Date of Birth	Sex	Education
Dependents in addition to your spouse and childre	n:		
Name of child	Date of Birth	Sex	Education
			
Describe your community involvement and voluntee agencies, and other non-church-related volunteer se		articipation in community	organizations, social clubs, service

Your childhood family and other significant relatives:

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*** Note *** If additional space is needed, please use a separate sheet of paper and attach to this form.

	Relation	Age	Sex	Education	Marital Status	Occupation
	<u>Father</u>					
	Mother					
					 -	
						-
	-					
our work experience	such as curre	ent employm	nent nre	vious employment a	and military experien	re if any
di work experience,	such as curre	int employii	ient, pre	vious employment, a	ind military experient	ce, ii aiiy.
eve vou served as a l	ocal pastor, di	iaconal mini	ister, dea	con or elder in The U	Jnited Methodist Chu	urch? Yes No
	2					
	e?					
Yes, what Conferenc		dicate Date				cate Date
Yes, what Conferenc	lno				<u>Indi</u>	cate Date
Yes, what Conferenc	<u>Inc</u> Minister	dicate Date		_ Probati	Indi	<u></u>
Yes, what Conference of the co	Inc Minister Il Pastor	dicate Date		_ Probati _ Deacon in Fu	Indi	
Yes, what Conference onference Relationship onsecrated Diaconal License as a Loca Associate	Minister Il Pastor Member	dicate Date		_ Probati _ Deacon in Fu _ Elder in Fu	Indi onary Member Ill Connection	
Yes, what Conference Inference Relationship Insecrated Diaconal License as a Loca Associate Inve you had a change	Minister Il Pastor Member e in clergy rela	dicate Date	th a conf	_ Probati _ Deacon in Fu _ Elder in Fu erence of The United	Indi onary Member ull Connection Ill Connection	
Yes, what Conference Inference Relationship Insecrated Diaconal License as a Loca Associate	Minister Minister Il Pastor Member e in clergy rela e?	dicate Date ationship wi	th a conf	_ Probati _ Deacon in Fu _ Elder in Fu erence of The United	Indi onary Member Ill Connection Ill Connection Methodist Church?	
Yes, what Conference Inference Relationship Insecrated Diaconal License as a Loca Associate Inve you had a change Yes, what Conference	Minister	dicate Date ationship wi	th a conf	_ Probati _ Deacon in Fu _ Elder in Fu erence of The United	Indi onary Member Ill Connection Ill Connection Methodist Church?	Yes No
Yes, what Conference Inference Relationship Insecrated Diaconal License as a Loca Associate Inve you had a change Yes, what Conference	Minister Il Pastor Member e in clergy rela e? Relationship	dicate Date	th a conf Indicate	Probati Deacon in Fu Elder in Fu Ference of The United	Indi onary Member Ill Connection Connection Methodist Church?	Yes No
Yes, what Conference Inference Relationship Insecrated Diaconal License as a Loca Associate Inve you had a change Yes, what Conference	Minister Il Pastor Member In clergy relate? Relationship Leave o	dicate Date ationship wi	th a conf	Probati Deacon in Fu Elder in Fu erence of The United	Indi onary Member Ill Connection Ill Connection Methodist Church?	Yes No
Yes, what Conference Inference Relationship Insecrated Diaconal License as a Loca Associate Inve you had a change Yes, what Conference It ange in Conference	Minister	ationship with a continuance of Absence ility Leave	th a conf	_ Probati _ Deacon in Fu _ Elder in Fu erence of The United	Indi onary Member ull Connection Ill Connection d Methodist Church? Location Retirement	Yes No
Yes, what Conference Inference Relationship Insecrated Diaconal License as a Loca Associate Inve you had a change Investment Conference	Minister	ationship with a continuance of Absence ility Leave	th a conf	_ Probati _ Deacon in Fu _ Elder in Fu erence of The United	Indi onary Member ull Connection Ill Connection d Methodist Church? Location Retirement	Yes No
Yes, what Conference Inference Relationship Insecrated Diaconal License as a Loca Associate Inve you had a change In Conference In Conference	Minister	ationship with a continuance of Absence ility Leave	th a conf	_ Probati _ Deacon in Fu _ Elder in Fu erence of The United	Indi onary Member ull Connection Ill Connection d Methodist Church? Location Retirement	Yes No

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*** Note *** If additional space is needed, please use a separate sheet of paper and attach to this form.

THE UNITED METHODIST CHURCH CANDIDATE'S DISCLOSURE FORM "'324.12

Please complete this form, sign and	date it, have you	ır signature not	arized, all retu	rn it to
Have you ever been:				
1. Convicted of a felony?	No	Yes		
2. Convicted of a misdemeanor?	No	Yes		
3. Accused in writing of sexual miso	conduct or child	abuse?	No	Yes
Ifyou answered yes to any of these qu	uestions, please e	xplain.		
If you are required by this disclosure misdemeanor or any incident of sexu way, you have an opportunity at this helpful or important regarding the diresponse statement attached to the be included right on the disclosure stathus you might need to request that	al misconduct the time to include sclosure. Any rel form. (Note: It valuement, however	nat you dispute any additional evant addition vould be prefe er, we realize th	or believe shinfom1ation to all information to all information rable if this renere are space	ould be explained in any hat you believe might be I should be provided in a esponse statement could I limitations on forms and
I hereby certify that the information p	provided on this	form is true and	d accurate.	
Print Name				
Signature			Date	
Subscribed and sworn this	day of		2	0
Notary Public				
BOM Handbook, Chapter 7, Backgrou	and Checks			Form 114/2016 Page 6 of 6
*** <u>Note</u> *** If additional sp	ace is needed, please	e use a separate sh	eet of paper and a	attach to this form.