

Background Screen Authorization Form (1/15/15 ver.)
(All Ministerial Applicants must complete & submit this form.)

DISCLOSURE

As part of the background screening process, the Florida District, UPCI, (the "Company"), will obtain a consumer report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my voluntary work with the Company, I hereby authorize Lexis Nexis, Inc., on behalf of The Company to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant Full Name

_____-_____-_____
Social Security Number

Address (where you live)

City, State & Zip code

Applicant Signature

Date

Date of Birth (For I.D. purpose only)

Submit via mail to:
Florida District UPCI; 5011 NW Gainesville Rd.; Ocala, FL 34475