

<http://www.ministryopportunities.org/MountPisgahAME>

Please enter your information within the next 30 minutes

Full Legal Name:
 First Middle Last

Former Name(s) and Dates Used:
 Maiden Name Year Married

Current Address Since: /
 (MM / YY) Street, apartment, etc.

*
 City State Zip

Previous Address From: /
 (MM / YY) Street, apartment, etc.

(* Provide 2nd address if current address < 10 years)

City State Zip

Previous Address From: /
 (MM / YY) Street, apartment, etc.

City State Zip

Social Security Number:
 (###-##-####) Required Only for Identity Verification Purposes

Date of Birth:
 (MM/DD/YYYY) Required Only for Identity Purposes

Gender: Female
 Male

Phone Number: (###-###-####)

Email:

Drivers License:
 Number State

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Authorization Text:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Mount Pisgah AME Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Mount Pisgah AME Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Mount Pisgah AME Church, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I agree

By checking the 'I agree' box I recognize that this is equivalent to my legal signature.

Notice to California, Minnesota and Oklahoma Residents ONLY:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

< Previous

Submit >

Application Questions

Thank you, your application has been submitted.