

Presbytery of Arkansas
Disclosure Authorization and Release Form
For Pre-Employment, Continued Employment, or Presbytery Membership

I understand that in connection with my application for employment, volunteer services, continued employment, and/or membership, the Presbytery of Arkansas, its consultant IntelliCorp, their agents or employees, shall be performing, requesting, obtaining, or conducting a background check on me. This background check will include only national and state criminal records, including the sex offender registry. If my position involves handling money and/or having access to monies and/or other transferrable money instruments, my credit history may also be checked.

I understand that the Presbytery of Arkansas may rely on any part of this information in determining whether to extend an offer of employment, volunteer duties, or membership to me. I further understand that if any adverse action is taken by the Presbytery of Arkansas, or if the Presbytery of Arkansas chooses not to extend an offer of employment/volunteer duties, or membership to me based upon the information, that I will be provided a copy of such information.

I have read this Disclosure Authorization and Release Form and by signing below hereby authorize investigators to conduct a background check as described herein. I hereby release any and all investigators, including the Presbytery of Arkansas, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with the Presbytery. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested information to disclose such information to investigators in connection with this background check.

Although furnishing the Social Security number is not optional, it shall be used for NO other purpose than to make the process for conducting a background check more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check. If applicable, list on the reverse an prior felony convictions with date and state.

 Applicant Signature

Date

 Printed Name (First, Middle, Last)

Social Security Number

 Date of Birth
Former Last Name(s) *if applicable*

Current Address:

 Street

City

State

Zip

Former Address:

 Street

City

State

Zip