

Presbytery of Transylvania  
First Advantage Background Check Program

Check One:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Presbytery Employee  | <input type="checkbox"/> Presbytery Volunteer   | <input type="checkbox"/> Inquirer/Candidate/Teaching Elder |
| <input type="checkbox"/> Church Employee      | <input type="checkbox"/> Church Volunteer       | <input type="checkbox"/> Burnamwood Employee               |
| <input type="checkbox"/> Burnamwood Volunteer | <input type="checkbox"/> Urban Village Employee | <input type="checkbox"/> Urban Village Volunteer           |

First Name	Middle Name	Last Name	Previous Last Name
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\_\_\_\_\_

Current Address

\_\_\_\_\_

Previous Address

Social Security Number	Date of Birth
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\_\_\_\_\_

\_\_\_\_\_

I have read, understand and agree to the following: The background information that I supply in connection with my employment or volunteer application will be verified by First Advantage Background Check Program and by mutual associations to insure that the information that I provide is accurate in every way. The information to be verified includes any and all information supplied on any application form or resume', and information provided in any conversation or interview with any employee of the Church. This may include discussions with references (personal or business) that I provide. I authorize the Church and its agents to conduct a thorough inquiry into all areas deemed necessary to arrive at a hiring or volunteer decision. All employment, educational, driving and criminal public record information relating to my application may be examined. I specifically release former employers, criminal information repositories and courts, schools, law enforcement agencies, personal and professional references and credit bureaus from any liability so that they may freely and completely respond to any inquiry relating to my application for employment or volunteer work with the Church. For release purposes, a facsimile, or photocopy, of this document will be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send form to: Presbytery of Transylvania, P.O. Box 23580, Lexington, KY 40523 Email: [rjustus@transyppy.org](mailto:rjustus@transyppy.org) Fax: 859-264-8869