



TRUSTED EMPLOYEES REPORTS RELEASE

In consideration of my prospective employment/membership or continued employment/membership, I (Print Full Name) _____ understand that **Church Mutual Insurance Company through Trusted Employees** reports on my fitness for employment and character may be requested and/or obtained. These may include but are not limited to consumer credit information, criminal records, driving records, education transcripts and records, prior employment verification, workers compensation claims, civil court records, and other pertinent information. These reports may include information about my work experience, including reasons for separation from past employment. Further, I understand that various federal, state, and local agencies may be contacted for information about my past activities.

I hereby authorize without reservation, any part or agency contacted by **LIFE Fellowship Church** or its agent, to furnish the above-mentioned information.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment.

Print Full Legal Name: (First) _____
(Middle) _____
(Last) _____

List all previous names used (e.g. maiden name, aliases):

Current Address: _____

City: _____ State: _____ Zip: _____

List all states in which you have resided during the previous seven years:

Driver's License Number: _____

Driver's License State: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Signature: _____ Date: _____