



BACKGROUND VERIFICATION DISCLOSURE

The Florida-Bahamas Synod will obtain an investigative consumer report for all Synod Council officers. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. The following Consumer Reporting Agency will prepare the report:

First Advantage (Lexis-Nexis)
<https://volunteer.fadv.com/pub/>

This report may be compiled with information from credit bureaus, court records 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.

AUTHORIZATION & RELEASE

At any time during my tenure as an officer of the Florida-Bahamas Synod Council, I authorize any reference, supervisors, ELCA entity (including congregation, synod, churchwide organization), or any other person or organization to give the Florida-Bahamas Synod any information (including opinions) regarding my character and fitness for ministry. I also release any individual, employer, reference, synod, congregation, ELCA entity or related organization, institution, organization, or official, or any other person or organization providing information, from any liability for damages of whatever kind or nature that may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

I authorize any prospective employer to conduct reference and background checks and screening, and I agree to supply additional information or consents as requested.

A signed facsimile, electronic version, or photocopy of the Authorization and Release shall be as valid as the original.

First Name:	Middle Name:	Last Name:	Suffix:
Other Names Used:			
Current address:			From – To:
Previous address:			From – To:
Social Security Number:	Date of Birth:	Driver's License #:	State Issued:
Education (Degree Obtained and Name of School):			Date Completed:
Signature:			Date:
* Date of birth is being requested for identification purposes only in obtaining accurate retrieval of records and will not be used for discriminatory purposes.			