**PERMISSION TO OBTAIN A BACKGROUND CHECK**

**I, the undersigned applicant, authorize Oak Grove UMC, 472 N. Battlefield Blvd., Chesapeake, VA 23320, (757) 547-2319, through its independent contractor, First Advantage Enterprise, 1 Concourse Parkway NE, Suite 200, Atlanta, GA 30328, to procure background information about me. This report may include a driving record (must provide information on next page), a social security number verification, present/prior addresses, criminal and civil history, and state sex offender records. I understand that I am entitled to a complete copy of any background information of which I am a subject upon my request to Oak Grove UMC, if such is made within a reasonable time from the date it was produced. The applicant’s rights are protected under the Fair Credit Reporting Act.**

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

**IDENTIFYING INFORMATION FOR FIRST ADVANTAGE ENTERPRISE AGENCY**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Names Used: (alias, maiden, nickname): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Former Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_ Daytime Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issuance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***IF APPLYING TO DRIVE THE CHURCH VAN, PLEASE SEND A COPY OF YOUR DRIVER’S LICENSE.***

***\*\*PLEASE REVIEW THE REQUIREMENTS ON THE NEXT PAGE AND SIGN WHERE INDICATED.***

**DRIVING REQUIREMENTS FOR BROTHERHOOD MUTUAL INSURANCE:**

**Driving records will be reprocessed every three (3) years.**

**At age 76, drivers are required to submit a physician’s statement. If you are 76 or over, please provide a physician’s statement should you wish to drive the church van.**

**At age 81, a driver will be removed from the approved drivers’ list for the church van.**

**Minimum age for a driver of the church van is age 21 and must have held a driver’s license for three consecutive years.**

**OTHER CONSIDERATIONS FOR DRIVING PRIVILEGES:**

**No major violations in the past three (3) years, included:**

* **Reckless operation**
* **Improper passing**
* **Driving with known or uninspected equipment**
* **Driving with suspended or revoked license**
* **Driving under the influence (DUI) or driving while intoxicated (DWI)**
* **Leaving the scene of an accident or incident**
* **Suspensions, regardless of reason for the suspension, continuously license for at least 3 years**
* **Must not require any filings such as an FR-19 or SR-22**

**I agree that I am not in violation of any of the above stipulation, and the church is authorized to conduct a review of my driving record.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Applicant**