

Virginia Church of God of Prophecy Administrative Offices

Consent to Perform a Background Check in Compliance with the FCRA (Fair Credit Reporting Act)

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	Apartment or #
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City	County	State	Zip
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Date of Birth	Social Security Number	Gender	Race
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Driver's License Number	State of Issue
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I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING ANY AND ALL OFFERS OF EMPLOYMENT/SERVICE WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE CHURCH.

Signed this _____ day of _____, 20_____

APPLICANT'S NAME (PRINT NAME) _____

APPLICANT'S SIGNATURE _____