

The Presbytery of Southern New England
P. B. 388
Chester, CT 06412

REFERENCE CHECK & BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize the Presbytery of Southern New England and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit, motor vehicles, criminal or police records, sexual abuse registry records, including those maintained by both public and private organizations and all public records for the purpose of confirming information and/or obtaining other information, which may be material to my qualifications for serving as a Minister of Word and Sacrament within the bounds of the Presbytery of Southern New England, and if applicable, during the tenure of my volunteering or employment with the Presbytery of Southern New England.

I understand that persons named by me who are familiar with my life, work, and service, as well as my academic and/or call process may be contacted.

I certify that (a) no civil, criminal or ecclesiastical complaint has ever been sustained or is pending against me for sexual misconduct; (b) I have never resigned or been terminated from a position for reasons related to sexual misconduct. I understand that the information obtained may be used to deny me employment from Presbytery of Southern New England.

I release the Presbytery of Southern New England and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

_____ Full name (printed)

_____ Maiden name or other names used

_____ Present street address _____ How long?

_____ City/State _____ Zip

_____ Former street address _____ How long?

_____ City/State _____ Zip

_____ Date of birth _____ Social Security # _____ Drivers License # & State

_____ Signature _____ Date

Authorization Requested by (please circle):	COM	CPM	EP
PNC at (church): _____	APNC at (church): _____		

FAX completed form to: William Thomas, Stated Clerk
860-354-3149