

Identifying Information for Background Check

Printed Name _____
First Middle Last

Other Names Used (alias, maiden, nickname) _____

Years Used _____

Current Address _____
Street/P.O. Box City State

_____ Zip Code County Dates at Address

Former Address _____
Street/P.O. Box City State

_____ Zip Code County Dates at Address

Social Security Number _____ - _____ - _____ Daytime Phone Number: _____

Driver's License Number _____ State of Issuance _____

*Date of Birth _____ * Gender _____

**This information will enable us to properly identify you in the event we find adverse information during the course of our background search.*

I am pursuing: Local Pastor ____ Lay Minister ____ Deacon ____ Elder ____ Transfer ____

Mail both pages when completed to:

Rev. Allen Schneider

Psychological Assessment Liaison Officer

300 W. Delaware

Tahlequah, OK 74464

918-456-6141

draschneider@tahlequahumc.org

BE SURE TO MAKE COPIES FOR YOUR OWN FILE!

Questions: Email to address listed above.