

# Tarrant Baptist Association

4520 James Avenue, Fort Worth, Texas 76115  
voice 817-927-1911 † fax 817-923-0714

**Tarrant Baptist Association**, with your consent, may obtain a background investigation report from **Imperative Information Group, Inc.** related to a prospective or current relationship you may have with **Tarrant Baptist Association**. This may include procurement of a consumer report or an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics, or mode of living).

By signing below, you grant permission to **Tarrant Baptist Association** or any of its affiliated entities to obtain such report or reports at any time. You also grant permission to all parties to release all information regarding your previous or current military service, employment, education, lifestyle, character, or criminal matters to **Imperative Information Group, Inc.**, including information which may be deemed negative.

Partnership Entity \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Identity Information

First Name:

Middle Name:

Last Name:

Current Home Address:

City:  State:  ZIP:

Other Names Used:   
(maiden names or aliases)

Social Security Number:  -  -

Drivers License State:  Number:

Date of Birth: Month:  Day:  Year:

Please list each city/county and state in which you have lived, worked, or attended school since the age of 17. Use a second form if necessary to provide full disclosure.

City:  OR County:  State:

City:  OR County:  State:

City:  OR County:  State:

City:  OR County:  State:

City:  OR County:  State:

City:  OR County:  State:

City:  OR County:  State:

Return this form to Tarrant Baptist Association. The background investigation will be conducted by Imperative Information Group, toll free (877) 473-2287

## Tarrant Baptist Association Credentials Verification Worksheet

**Social Security Number:**  -  -

**Please provide the following information for the highest education degree received.**

Institution Attended:					
City:		State:			
Major Field of Study:		Degree Achieved:			
Enrollment Date:		Graduation/Date Last Attended:			

**Please provide the following information for any relevant license, registration, or certification.**

Type:					
Number:		Issued:		Expires:	
State:		Issuing agency::			

**Please list all employers since the age of 17. Use additional sheets as necessary.**

**May we contact your current employer? YES NO**

Employer 1:					
Address:					
City:		State:		ZIP:	
Position:			Hire date:		
Supervisor:			Termination date:		
Phone: (      )			Final annual salary:		
Reason for leaving:					

Employer 2:					
Address:					
City:		State:		ZIP:	
Position:			Hire date:		
Supervisor:			Termination date:		
Phone: (      )			Final annual salary:		
Reason for leaving:					

Employer 3:					
Address:					
City:		State:		ZIP:	
Position:			Hire date:		
Supervisor:			Termination date:		
Phone: (      )			Final annual salary:		
Reason for leaving:					

## Tarrant Baptist Association Credentials Verification Worksheet

**Social Security Number:**  -  -

Employer 4:					
Address:					
City:		State:		ZIP:	
Position:			Hire date:		
Supervisor:			Termination date:		
Phone: (      )			Final annual salary:		
Reason for leaving:					
Employer 5:					
Address:					
City:		State:		ZIP:	
Position:			Hire date:		
Supervisor:			Termination date:		
Phone: (      )			Final annual salary:		
Reason for leaving:					
Employer 6:					
Address:					
City:		State:		ZIP:	
Position:			Hire date:		
Supervisor:			Termination date:		
Phone: (      )			Final annual salary:		
Reason for leaving:					
Employer 7:					
Address:					
City:		State:		ZIP:	
Position:			Hire date:		
Supervisor:			Termination date:		
Phone: (      )			Final annual salary:		
Reason for leaving:					
Employer 8:					
Address:					
City:		State:		ZIP:	
Position:			Hire date:		
Supervisor:			Termination date:		
Phone: (      )			Final annual salary:		
Reason for leaving:					

## Tarrant Baptist Association Credentials Verification Worksheet

Social Security Number:  -  -

### Additional Information

On a separate piece of paper, please list all misdemeanor and felony criminal matters, other than minor traffic safety violations for which no arrest was made, in which you were charged, regardless of disposition, or in which you participated a pre-trial diversion or other program to avoid prosecution. Provide the court name, location, and a description of the offense and outcome of the matter.

SELECT ONE:

- I have had no criminal matters as described above.
- The full accounting of my involvement in criminal matters as described above is attached.

On a separate piece of paper, please list all civil court or bankruptcy actions in which you were a plaintiff or defendant, regardless of disposition, including any suits in which your interests were represented by an insurance company or other party. Provide the court name, location, and a description of the offense and outcome of the matter.

SELECT ONE:

- I have not been a party to any civil or bankruptcy court action.
- The full accounting of my involvement in civil or bankruptcy court actions is attached.

### Certification

I attest that all of the information provided in this worksheet and the Background Investigation Consent form is complete and accurate. I understand that a thorough background investigation will be conducted and that failure to provide complete information will affect the evaluation of the background investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date