

Applicant Background/Credit Check Form

To be completed by the applicant

Please provide the completed forms listed below to:Luska Natali
Administrator of Ministerial Services
ministerialservices@inumc.orgName: _____
First Mi Last

Email: _____

Address: _____

District: _____

Reason for background check: _____

Your request for a Background Check will not be completed until the following forms are received:

- Background/Credit Check Referral Form (submitted by District)
- Form 114 – Notarized Disclosure Statement (responsibility of applicant)
- I have received and read the INUMC and GBHEM Behavioral Health Guidelines, which will be used in reviewing my background check.
- By signing below, I agree to allow the INUMC to run a standard background check and a standard credit check through their preferred provider.

Applicant Signature_____
Date**Office Use only:**

Date completed forms received: _____

Initials: _____