

**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.org](mailto:ministerialservices@inumc.org)Name: \_\_\_\_\_  
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: \_\_\_\_\_