

CONFIDENTIAL

**\*\*Your Church Name\*\***

**Background Check Authorization**

Area of Ministry/Service: _____	
Individual WILL be working with Minors: YES <input type="checkbox"/> NO <input type="checkbox"/>	

Print Name: _____				
(Legal First)	(Middle)	(Last)	(Maiden)	Year Married
Former Name(s) and Dates Used: _____				
Current Address Since: _____				
(Mo/Yr)	(Street)	(City)	(Zip/State)	
Social Security Number	Date of Birth	Phone Number	Drivers License No/State Issued	
- -		( )	/	

Previous Address Information: Please provide 7 years history – (use back of this sheet if necessary)

(Month/Year)	Street	City	County	State/Zip
/				/
/				/
/				/
/				/

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Your Church Name** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment, independent contractor, and/or volunteer purposes ("Work"). I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of Social Security number; current and previous residences; employment history; credit history; workers' compensation claims history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Your Church Name or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

According to the Fair Credit Reporting Act, I will be notified by **Your Church Name** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Your Church Name. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to Your Church Name. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding my application for Work, or upon request as outlined herein.

I hereby release **Your Church Name**, the Social Security Administration, and their agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

EVENT: \_\_\_\_\_ Start Date: \_\_\_\_\_  
(If applicable)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If applicant is under the age of 18 parent's consent must be obtained;**

**I/We consent to this criminal record background check being conducted by the **Your Church Name** on this applicant.**

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Witnessed by: Date