

CONFIDENTIAL

Background Check Authorization

PLEASE PRINT CLEARLY

Name: _____
FIRST MIDDLE LAST

Maiden/Other Names and Dates Used: _____

Social Security Number: _____ Date of Birth: _____

Telephone Numbers: _____
HOME MOBILE

Driver's License Number: _____ State Issued: _____

Email (Required): _____

Current Address: _____
STREET CITY STATE ZIP

Dates at this address: _____

Previous Address: _____
STREET CITY STATE ZIP

Dates at this address: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Harmony Hill Baptist Church** 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 and/or volunteer purposes. 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; credit reports, current and previous residences; employment 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 **Harmony Hill Baptist Church** 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.

****Harmony Hill Baptist Church** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Applicant Signature: _____ Date: _____

If above is a minor, Parent/Guardian must also sign.

Parent/Guardian Signature: _____ Date: _____