

Background Check Authorization

LAST NAME _____ FIRST NAME _____ MIDDLE _____

Please List Other Names Used _____

Date of Birth _____ Gender _____ Ethnicity _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SSN _____ Driver's License Number _____ STATE _____

EMAIL ADDRESS _____

The information above is correct to the best of my knowledge. I hereby authorize Second 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 report/investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; 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 Second 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.

Second 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 number, and date of birth.

Signature: _____

Date: _____