

CONFIDENTIAL

Background Check Authorization

Print Name: (First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since: (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: (Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: DOB:

Telephone Number:

Drivers License Number/State:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Springdale Presbyterian 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 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 Springdale Presbyterian Church or its agents.

\*\*Springdale Presbyterian Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: Date:

Notice to California, Minnesota and Oklahoma Residents: Please check the box below if you wish to receive a copy of a consumer report that is requested. I wish to receive a copy of any Background Check Report on me that is requested.