

Messiah Lutheran Church Background Check Authorization

ALL information below is required to complete your background check. We protect your information with great care.

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

Former Name(s) and Dates Used:

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

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

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

Date of Birth: _____ Telephone Number: _____

Social Security Number: _____

Drivers License Number: _____ State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Messiah Lutheran Church and Preschool** 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; 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 **Messiah Lutheran Church and Preschool** 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. I hereby release **Messiah Lutheran Church and Preschool**, the Social Security Administration, and its 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.

Signature: _____

Date: _____

For Office Use Only:

Group Needing Background Check: Sunday School Staff Person Authorizing: Allison

Driving Record Yes No

Account Number: 16-702

Confirmation Number: _____