

# CONFIDENTIAL

## Southside Baptist Church Background Check Authorization

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

Former Name(s): \_\_\_\_\_ Dates Used \_\_\_\_\_  
\_\_\_\_\_ Dates Used \_\_\_\_\_

Current Address: \_\_\_\_\_ Since: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Lived there from \_\_\_\_\_ to \_\_\_\_\_  
MO/YR MO/YR

Previous Address: \_\_\_\_\_  
Lived there from \_\_\_\_\_ to \_\_\_\_\_  
MO/YR MO/YR

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize Southside 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; 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, and 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 Southside 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.

I hereby release Southside Baptist Church, 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 the authorization and request to release.

Signature \_\_\_\_\_ Date: \_\_\_\_\_