

CONFIDENTIAL

Background Check Authorization

PLEASE PRINT

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

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: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize RURAL SHADE BAPTIST CHURCH ("RSBC") and its designated agents and representatives to conduct a comprehensive review of my background to be generated for employment and/or volunteer purposes. I understand that the scope of the investigative report may include the following areas: criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records.

I understand that this information will be held in strict confidence and conducted by a designated RSBC staff member. I understand that the purpose of this background check is to identify any individuals that would not be permitted to work with or in conjunction with children's events.

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