

CONFIDENTIAL

EVERYDAY CHRISTIAN FELLOWSHIP
Background Check Authorization
(Please print clearly!)

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: _____

Employee	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>

MINISTRY AREA SERVING: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Everyday Christian Fellowship** 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; credit reports, 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 **Everyday Christian Fellowship** 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 release **Everyday Christian Fellowship** and its agents, officials, representatives, officers, employees, both individually and collectively, from any liability for damages of whatever kind, which may result, to me, my heirs, family, or associates because of compliance with this authorization and request to release.

****Everyday Christian Fellowship** 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, social security numbers.

Signature: _____ Date: _____