



## Background Check Authorization

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

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

Current Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Previous Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **First Baptist Church of Maplewood** and its designated agents and representatives to conduct a comprehensive review of my criminal background causing an investigative report to be generated for employment and/or volunteer purposes. I understand that the scope of the report/investigative report may include; verification of social security number; current and previous residences; employment history; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records, credit history and any other public records.

I further authorize any 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 **First Baptist Church of Maplewood** or its agents for the purpose of verifying my identity and establishing whether I have a criminal history.

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