

First Presbyterian Church Background Check Authorization

Ordered by: _____ Employee Name: _____ Dept: _____

Printed Name of Applicant: _____

(First) (Full Middle) (Last)

Check One: Volunteer _____ Employment _____
(Ministry) (Position)

Former Name(s) Used/Year: _____

(First) (Full Middle) (Last) (Year)

(First) (Full Middle) (Last) (Year)

(First) (Full Middle) (Last) (Year)

Current Address: _____ / _____

Date Since: (Mo/Yr) (Street) (City) (State) (Zip)

Previous Address: _____ / _____

Date Since: (Mo/Yr) (Street) (City) (State) (Zip)

Previous Address: _____ / _____

Date Since: (Mo/Yr) (Street) (City) (State) (Zip)

Social Security No: _____ - _____ - _____ Date of Birth _____ / _____ / _____
(Mo) (Day) (Yr)

Telephone Number: () - _____

Drivers License: State: _____ Number: _____

Personal Email Address: _____
(Please Print)

The information contained in this application is correct to the best of my knowledge. I hereby authorize First Presbyterian Church and its designated agents and representatives to conduct a comprehensive review of my background. I understand that the scope of the investigative report may include: 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.

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 First Presbyterian 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 First Presbyterian Church, the Social Security Administration, and its agents, officials, representatives, 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: _____

CONFIDENTIAL

Printed Name of Applicant: _____

(First)

(Full Middle)

(Last)

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense?
(Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?
YES NO If YES, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?
YES NO If YES, please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?
YES NO If YES, please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you?
YES NO If YES, please provide an explanation below:

I hereby agree to notify First Presbyterian Church Human Resources Department in writing, within 72 hours, if events occur to change the answer of any of the above questions to "Yes". Failure to do so may result in a change of employment or volunteer status.

Signature: _____

Date: _____