

Background Check Authorization

Application Authorization and Consent for Release of Information

PLEASE READ CAREFULLY

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the attached application is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for possible denial of assignment or employment. All results of the research into my background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the assignment or employment process. This Authorization and Consent for Release acknowledges that New Beginnings Church may now conduct a verification and/or screening of any Criminal History, Record information pertaining to me that may be in the files of any Federal, State, or Local Criminal Justice agency in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or any other Nations or Countries, and a credit history if deemed necessary. I understand that New Beginnings Church will check the Reference provided, and may if necessary check my previous employment, and education. I acknowledge by my signature below that involvement with New Beginnings Church is contingent upon satisfactory background verification. Past Criminal History will not automatically result in assignment or employment being denied.

I have read and understand this release and consent, and I authorize the background search. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge New Beginnings Church, their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information.

According to the Federal Fair Credit Reporting Act, I am entitled to know if my application was denied based on information obtained by New beginnings Church and to receive upon written request, a disclosure of the public record information and of the nature and scope of the background screening report.

Applicant's Full Name (print clearly): First _____ Middle _____ Last _____

Social Security Number: ____ - ____ - _____ Date of Birth MO ____ / Day ____ / Year ____

State Driver's License # or Identification Card #: _____

Current Street Address: _____

City: _____ State & Zip: _____

Phone Number: _____

Signature: _____ Date: _____

Must be signed by Applicant.