

Apostolic Assembly of the Faith in Christ Jesus

BACKGROUND CHECK AUTHORIZATION

Former Names I have been known by and Dates Used: Date of Birth (MM/DD/YYYY): Social Security Number: Driver License Number: Driver License Number: Current Address: (street) (city)		irst)	(middle)	(last)
Social Security Number: Driver License Number: Driver License State: Current Address:	Former Names I	have been known by	y and Dates Used:	
Social Security Number: Driver License Number: Driver License State: Current Address:				
Driver License Number: Driver License State: Current Address:	Date of Birth (M	M/DD/YYYY):		
Current Address:	Social Security N	Sumber:		
	Driver License Number:			Driver License State:
	Current Address	:		
				(zip/state)
Previous Addresses and Dates (Last 7 Years):	Previous Addres	ses and Dates (Last	7 Years):	

The information provided in this authorization form is correct to the best of my knowledge. By signing below, I, ______, hereby voluntarily authorize the Apostolic Assembly of The Faith in Christ Jesus ("Apostolic Assembly") and its designated agents and representatives to conduct a comprehensive review of my criminal history causing a background check report to be generated by _______ ("Background Check Entity") for employment and/or volunteer purposes. The Background Check Entity is located at the following address _______ and can be reached by telephone at the following number _______. I will allow a photocopy or electronic copy of this authorization to be as valid as the original for the purposes of conducting the necessary investigation.

I understand that the scope of the background check report may include but is not limited to the following areas: verification of social security number; employment verification; current and previous residences; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, and any other public records. I authorize the Apostolic Assembly to consider this information when making decisions regarding my application for and/or continued employment, contract for services or volunteer services at Apostolic Assembly.

I acknowledge I have been provided with separate documents entitled Disclosure Regarding Background Investigation and Summary of Your Rights Under the Fair Credit Reporting Act. I acknowledge I have been provided with both documents prior to signing this Authorization form and certify I have read and understand both documents.