



Apostolic Assembly of the Faith in Christ Jesus

# BACKGROUND CHECK AUTHORIZATION

Note: All information obtained through any background checks will be used exclusively for the purpose of the internal vetting of deacons, ministers and pastors. Any other use of said information is strictly prohibited.

Print Name: _____		
(first)	(middle)	(last)
Former Names I have been known by and Dates Used: _____		
Date of Birth (MM/DD/YYYY): _____		
Social Security Number: _____		
Driver License Number: _____		Driver License State: _____
Current Address: _____		
(street)	(city)	(zip/state)
Previous Addresses 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date