



The following information must be completed by staff before Background Check will be done.

Dept/Person Submitting: _____ Account to be charged: _____

Form Signed & Person entered in ACS: _____ Date Needed By: _____

BACKGROUND CHECK AUTHORIZATION, CONSENT & RELEASE

Revised July 2017

Please print:

Full Name: _____ Date of Birth: _____
(Last) (First) Middle

Gender: _____ Email Address _____

Social Security #: _____ Driver's License #/State: _____

Former Name(s) and Dates Used: _____
(Maiden or former name) (Year Married/Years Used)

Current Address Since: _____
(Mo/Yr.) Street Number, City, State, Zip County

Previous Address: _____
(Mo/Yr.) Street Number, City, State, Zip County

Phone Number: _____ Ministry Area: _____

The information above is correct to the best of my knowledge. I hereby authorize First Baptist Concord and its designated employees, agents and representatives to conduct a comprehensive review of my background and personal information causing a consumer report, an investigative consumer report and/or a criminal background report to be generated for employment and/or volunteer purposes. I understand that the scope of the personal information/background report may include, but is not limited to: verification of social security number; current and previous residences; employment history; employment credit history; education; character references; drug testing history; civil and criminal history records from any civil or criminal justice agency or court in any or all federal, state, county jurisdictions; driving records; birth records; and/or any other public records.

I further authorize any individual, company, firm, corporation, or governmental/public agency (including, without limitation, the Social Security Administration and all law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to First Baptist Concord 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 understand that this information may be used, in part, to determine my eligibility to become or remain an employee or a compensated or uncompensated volunteer of First Baptist Concord.

I, the undersigned, on behalf of myself and my heirs, executors, and legal representatives, do hereby release, remise and forever discharge, and further agree to indemnify and hold harmless First Baptist Concord, the Social Security Administration, and any other person, entity or governmental body or agency and their respective officers, directors, trustees, employees, volunteers, members, agents, representatives, successors and assigns, from and against any and all claims, causes of action, suits, liabilities, costs, damages and demands whatsoever, of whatever kind or character and whether accrued or unaccrued, fixed or contingent, legal or equitable, together with any and all related attorney's fees, court costs, and other expenses, resulting from or in any manner relating to, the investigation of my background or criminal history in connection with my application to become an employee or volunteer worker in the ministry activities of the Church and/or which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization, consent and request to release.

Signature: _____ Date: _____

For Staff Use Only

Received By: _____ Date Completed: _____ Date Reviewed: _____

Local Check Date: _____ Status: _____ By: _____ Fee: _____