



Notification/Release of Information Form

The purpose of this form is to notify you that a background check will be conducted on you in the course of consideration for employment with:

Church Name: _____

Last Name: _____ First: _____ Middle: _____

Aliases (maiden name) _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

Email address: _____ @ _____

Driver's License Number: _____ State of Issue: _____

Current Address: _____

City: _____ State: _____ Zip: _____

In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background, including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public record history to the person or company with which this form has been filed, or their agents. This releases the aforesaid parties from any liability and responsibility for the collection of the above information.

I authorize a check of my Motor Vehicle Records (if outreach appropriate)

Applicant's Signature: _____

Date: _____