

## Notification and Authorization To Conduct Background Investigation

I hereby authorize First Baptist Church of Interlachen or its agent, **backgroundchecks.com**, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, including, but not limited to a credit check, driver's license history, educational background, military record, criminal records and more through an investigative or credit agency or bureau of your choice I authorize the release of this information by the appropriate agencies to the investigating service. I understand that this may include a worker's compensation claims search after a conditional job offer has been made. I also understand that I may be required to take a drug test before or during employment.

This authorization, in original or copy form shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

FULL LEGAL NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

OTHER NAMES OR SSN USED: \_\_\_\_\_  
(Maiden name, previous married names, legal name changes, etc.)

CURRENT ADDRESS \_\_\_\_\_  
Street City State Zip

CURRENT PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

VALID EMAIL ADDRESS: \_\_\_\_\_

LIST ALL ADDRESSES FOR PAST 7 YEARS: (show others on back and check here \_\_\_\_)

\_\_\_\_\_  
Street Address City State Zip DATES \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip DATES \_\_\_\_\_

DRIVER'S LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

\*\*\*HAVE YOU EVER BEEN CONVICTED OF A CRIME?    \_\_\_\_ YES    \_\_\_\_ NO

(This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre trial intervention programs. If YES show details including date, charge, county, disposition on rear.)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_