



BEREAN BAPTIST CHURCH

517 Glensford Drive, Fayetteville, NC 28314

910.868.5156 Fax 910.868.9609

www.bbcfnc.org

Background Check Authorization (Confidential)

Please indicate the ministry for which you will be applying that requires the background check.

Awana _____ Nursery _____ Children _____ VBS _____ Youth _____

Name of person/ministry requesting the background check: _____

Name _____

First

Middle

Last

Former Name(s) and Dates Used: _____

Maiden

Year Married

Current Address Since: _____

Month/Year

Street

City

State/Zip

Previous Address From: _____

Month/Year

Street

City

State/Zip

Social Security Number _____ Date of Birth _____

Email _____ Phone _____

Driver's License Number _____ State of Issue _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Berean Baptist Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history, employment, credit history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to **Berean Baptist Church** or its agents. I further authorize the complete release of any records or data pertaining to me (including information or data received from other sources) which the individual, company, firm, corporation, or public agency may have.

I hereby release **Berean Baptist Church**, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any or all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of the compliance with this authorization and request to release.

Signature _____ Date _____