



Berean Baptist Church Background Check

Background Check Authorization (Confidential)

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

BBA Awana Nursery Children VBS Youth Other _____

Name of ministry leader requesting the background check: _____

PERSONAL INFORMATION					
Name					
	Last Name		First Name	MI	Today's Date
Former Name(s) and Date(s) Used:					
	Maiden Name		Year Married		
Current Address:					
	Since (mm/yy)	Street Address	City	State	Zip
Previous Address:					
	Since (mm/yy)	Street Address	City	State	Zip
Contact Info:					
	Email Address		Phone Number		
Other:					
	DOB:	Social Security Number	Driver's License Number	State of Issue	Date of Issue

Personal information is protected under the Privacy Act and will be guarded accordingly.

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:	
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