

APPLICANT DATA COLLECTION

WESTSIDE BAPTIST CHURCH BACKGROUND CHECK AUTHORIZATION

TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

Please List Other Names Used _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

(ENTIRE) SSN D/L or STATE ID STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Westside 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, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any of all federal, state, country 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 Westside Baptist Church 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 hereby release Westside Baptist Church, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

SIGNATURE: _____ DATE: _____

Please fill in each blank and don't forget to sign and date.