



FIRST PRESBYTERIAN CHURCH OF KINGWOOD

BACKGROUND CHECK AUTHORIZATION

CONFIDENTIAL

Area of Ministry/Service: _____

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____
(Maiden) (Year Married)

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: _____ Date of Birth: _____

Telephone Numbers: _____

Drivers License
Number/State: _____

Are you a member of First Presbyterian Church of Kingwood?
(Please circle) YES, Since: _____ NO

The information contained in this application is correct to the best of my knowledge. I hereby authorize **First Presbyterian Church of Kingwood** 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, 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 **First Presbyterian Church of Kingwood** 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 First Presbyterian Church of Kingwood, 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: _____