Place in a sealed envelope and return to the church office.



Background Check Authorization

Official Use Only: Background Ck
Driver License Ck
Approved:

background check formv1.3.xls 8/20/2012

CONFIDENTIAL

Print Name:		"	Y	***************************************		
	First		Middle	Last	Last	
Former names used and when:				-	·	
Current address since:					7	
Previous address since:	Mo/Yr	Street	City	State	Zip	
Previous address since:	Mo/Yr	Street	City	State	Zip	
Frequots address since.	Mo/Yr	Street	City	State .	Zip	
Driver's license number			Date of Birth			
Driver's license state			Social Security	number		
Telephone number			Email Address	;		
				n eteretenen etereten et Elimeten etereten etereten et		
Yes / No 2 Have you Yes / No 3 Have you Yes / No 4 Have you Yes / No 5 Have you	been at fauthad any mothad any instand that any phenoment age and/or an identification and that lowing area widual, comement agere, to South and its a confidenti	It for any accident oving traffic violated arrance company river's license revey sical impairment charged or convicturestions, please lication is correct that and represent the scope of the constant of the scope of the constant investigative constant in constant investigative constant investigativ	cancel or refuse to oked, suspended, cats other than corrected of driving while provide full details to the best of my known actives to conduct a camer report to be go consumer report/in on background, chalblic records. The cation, or public age of Motor Vehicles) of Motor Vehicles of Motor Vehicles of the or its agents. If all, company, firm, cats and representatives to protect the application of the cation.	or restricted? ctive glasses? e impaired? on the back of the complete of the comprehensive revenerated for employeestigative consumeracter references; ancy (including the to divulge any and further authorize the corporation, or publics shall maintain all	is form. authorize South Point view of my background byment, driving, and/or ner report may include, drug testing, civil and Social Security all information, verbal he complete release of lic agency may have, to	
Signature:				Date:		