

BACKGROUND INVESTIGATION AUTHORIZATION

First Name _____ Middle Initial _____ Last Name _____

Maiden Name (If applicable) _____ Social Security # _____

Home Phone (____) _____ Cell Phone (____) _____ Date of Birth _____

E-Mail _____

Current Address _____ How Long? _____

City _____ State _____ Zip _____

Previous Address _____ How Long? _____

City _____ State _____ Zip _____

The undersigned hereby authorizes Fellowship Baptist Church and/or its agents and assigns to conduct investigations of my background, references, character, past employment, education, criminal, and police records, including records or information maintained by both public and private organizations for the purpose of confirming the information provided by me on this form which may be material to my qualifications as a volunteer for or employee of Fellowship Baptist Church from this date forward.

By signing this document, the undersigned hereby releases Fellowship Baptist Church and/or its agents and assigns, and any individual or entity that provides information pursuant to this authorization, from any liabilities, claims, or lawsuits that may arise from the information provided by or obtained from any of the above referenced sources.

Date

Printed Name

Signature

For Office Use Only	
Completed <input type="checkbox"/>	Date _____
Report ID # _____	
No Match <input type="checkbox"/>	Match <input type="checkbox"/>
Comments _____	

