Authorization to Obtain a Background Check

(This form authorizes Community Covenant Church to obtain background information and must be completed by the applicant. The church will keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant, authorize **Community Covenant Church,** through its independent contractor, to procure background information (my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; any other public record) about me. I understand that this authorization is valid for future background information requests during my period of service with **Community Covenant Church**.

I further authorize any person, business entity or governmental agency, including any courts, public agencies and law enforcement agencies that may have information relevant to the above-listed areas, to disclose it to **Community Covenant Church.**

I understand that I am entitled to a complete copy of any background information report of which I am the subject

Signature: _____ Date: _____

ADULT APPLICANTS ONLY!
TEENAGERS APPLYING TO VOLUNTEER DO *NOT*
NEED TO COMPLETE THIS AUTHORIZATION.

Identifying Information

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname) and years used: _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Immediately Prior Address**:**

_____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: ____ Date of Birth: _____ Gender_____