

# Background Check Authorization Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Home \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ Social Security # \_\_\_\_\_

1. Do you have an arrest record in this or any other state?.....Yes  No
2. Have you ever pled guilty or been convicted of a crime as an adult or juvenile?....Yes  No
3. Do you have criminal charges or warrants pending against you or are you on probation or parole in this state or any other state?.....Yes  No
4. Have you or anyone in your home ever been involved in a child abuse or adult protection action? .....Yes  No
5. Has your drivers license ever been suspended or revoked?.....Yes  No
6. Do you have a valid Driver's License today?.....Yes  No

I authorize Spirit Lake Baptist Church to obtain background and criminal history information from all sources deemed necessary and release it as required without liability and I understand if I have been convicted of any crime, I may be contacted by Spirit Lake Baptist Church to provide court documents.

I certify the information on this form are true and correct to the best of my knowledge: I understand I am signing this document under penalty of perjury. I also understand that any fraud, misrepresentations or omissions in my answers may serve as the basis for my denial or dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

**BACKGROUND INVESTIGATION AUTHORITY**

I hereby authorize Spirit Lake Baptist or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

**PLEASE PRINT CLEARLY**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Names or SSN Used: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ \*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*DOB and SSN is only used for identification purposes in screening inquiries*

Best Telephone Contact #\*: (\_\_\_\_) \_\_\_\_\_ Email Address\*: \_\_\_\_\_@\_\_\_\_\_

*\*These will only be used by SingleSource if further information is required to complete your report*

**LIST ALL ADDRESSES FOR PAST 7 YEARS: ( check here if more on reverse or resume attached)**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
from to

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
from to

**MAY WE CONTACT YOUR CURRENT EMPLOYER?**  YES  NO

Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are a resident of **California, Minnesota, New York, Oklahoma** or **Washington**, you may request a copy of any "consumer report" obtained by us by indicating below:

YES - please provide report copy in accordance with applicable law- \_\_\_\_\_ (please initial)

**For Office Use ONLY**

Please log in to [www.singlesourceservices.com](http://www.singlesourceservices.com) to enter subject for screening(s).

SingleSource Services 1-800-713-3412

Client Reference: \_\_\_\_\_

Date Requested: \_\_\_\_\_