



CONFIDENTIAL BACKGROUND CHECK AUTHORIZATION

(PLEASE PRINT CLEARLY)

Area of Ministry / Service: _____

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

Former Name(s) and Dates Used: _____
(i.e., Maiden Name) (Year Married)

Social Security Number: ____/____/____ Date of Birth: ____/____/____

Phone Number (one used most often): _____

Drivers License Number: _____ State of Issuance: _____

Email Address: _____

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

Previous Address From: _____
(Mo./Yr.) (Street) (City) (Zip)

Are you a member of our church? _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Center of Praise Ministries of Sacramento, CA** 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; credit reports, current and previous residences; employment 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 **Center of Praise Ministries** 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. **Center of Praise Ministries** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

If you would like to receive a copy of your background report, please check delivery method below:

- Via email to address noted above.
- Via U.S. mail to current address noted above.

(Continued on Page 2)

FOR OFFICE USE ONLY:
Date submitted: ____/____/____
Date approved: ____/____/____
Date emailed/mailed (if requested): ____/____/____

