

Background Authorization Form

Permission to Obtain a Background Check

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

Background Check will include:

- A **National Criminal Indicator Database Search**: This portion of the search comprises a search of the Dept. of Public Safety, Dept. of Corrections, and Administrative Office of the Courts, Bureau of Criminal Apprehension, **Sexual Offenders Registry**, and the Dept. of Criminal Justice files and records, where available. Includes **Social Security Verification**, which provides the name, date issued and state, as well as address history.
- A **Motor Vehicle Report**, from the state in which the applicant is licensed. Depending upon the state, this may provide information such as dates of convictions, violations and accidents, sections violated, docket numbers, court locations and accident report numbers.

In the event that a the above report indicates a need, the following additional report will be conducted as well:

- A **County Criminal Records Search**: This portion of the search comprises an onsite search conducted in the selected county, and includes the access to court

I, the undersigned applicant (also known as “consumer”), authorize Christ Community Church through its independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Christ Community Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

I am submitting this request as I plan to work with: MOPS Children Youth Other: _____

Signature: _____ Date: _____

Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

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

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

Social Security Number: _____ Daytime Telephone Number: _____

Name as listed on your Driver’s License: _____

Driver’s License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender _____