



Distrito Hispano del Este

Spanish Eastern District
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Background History Check Release Authorization Form

Legal Name: Last _____ First _____ Middle _____

Date of Birth (MM/DD/YY): _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ **State issued:** _____

Other Name(s) Used (maiden name, previous married name(s), assumed names, etc.):

Current Address Since: _____

(Mo/Yr)

(Street) (City)

(Zip/State)

Previous Address From: _____

(Mo/Yr)

(Street) (City)

(Zip/State)

Previous Address From: _____

(Mo/Yr)

(Street) (City)

Zip/State)

Male Female: _____

Home Telephone Number: _____

I hereby authorize the (Church Name) _____ to obtain reference information concerning me and to conduct a credit, criminal or motor vehicle record history check(s), as applicable, through law enforcement agencies, credit agencies, the FBI, courts, and other records resources. Information of a confidential and privileged nature is included in this authorization. I also understand that a conviction of a crime against a person or property may negatively impact or prevent me from obtaining a position with the church. Failure to comply with the request for authorization to conduct, criminal or motor vehicle record history check(s) may disqualify me from service with the church. I certify that the information I have provided on this form is complete and truthful. I understand that providing misleading or false information or failing to disclose convictions will be basis for disqualification from further consideration for service with the church. I hereby release and discharge, to the extent permitted by law, the church, its employees, and any individual or agency obtaining information for the church, for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this investigation.

Applicant's Signature: _____ **Date:** _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize (NAME OF CHURCH) _____ of the The Christian & Missionary Alliance 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; 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 The Christian & Missionary Alliance 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.

I hereby release The Christian & Missionary Alliance, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request for release.

Applicant's Signature: _____ **Date:** _____