



Background Check Consent Form

(PLEASE READ CAREFULLY BEFORE COMPLETING AND SIGNING)

Congregation or Institution Served: _____ City _____

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Printed Full Name of Applicant:

Last First Middle

Other names you have used, including maiden name and the date(s) your name(s) changed:

Social Security #: _____ - _____ - _____ Your Date of Birth: _____
(Month/Day/Year)

Driver's License # _____ State of Issuance _____

Street Address City State Zip Code

I authorize the Episcopal Diocese of Georgia and/or its designated agents to investigate my background as part of my application for employment, appointment, or a volunteer position. This may include information contained in public records which could include credit history, criminal files at the county, state, and federal jurisdiction levels, motor vehicle records, and investigations of employment history and performance and educational credentials. I hereby release all persons, companies or corporations furnishing such information from liability and responsibility. A copy of this document can be substituted for the original. This document shall be valid for a period of 1 (one) year from the date of my signature.

Signature of Applicant _____ Date ____/____/____

Keep Original on file & fax, mail, or email a copy to the Diocesan Office.

The Episcopal Diocese of Georgia
611 East Bay Street
Savannah, GA 31401
(912)236-4279 / (912)236-2007 (fax)