

## **Background Check Consent Form**

## (PLEASE READ CAREFULLY BEFORE COMPLETING AND SIGNING)

Congregation or Institution Served:			City	
	tended solely for th	at purpose a	and will not be used in a d	background investigation. discriminatory manner by the
Printed Full Name of A	Applicant:			
Last	First			Middle
Other names you have	used, including ma	aiden name a	and the date(s) your name	e(s) changed:
E-Mail Address:				
Social Security #:			Your Date of Birth:	(Month/Day/Year)
Driver's License #			State of Issuanc	ee
Residential History (pa	ast 7 years):			
Street Address		City	State	Zip Code
Move-In Date			Move-Out Date	
Street Address		City	State	Zip Code
Move-In Date	•		•	
Chunch Address		Cit	Chaka	Zin Co do
Street Address  Marsa In Data		City	State	Zip Code
Move-In Date			Move	-Out Date

The Episcopal Diocese of Georgia



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part of my application for employment, appointment, or a voluntee contained in public records which could include credit history, crimingurisdiction levels, motor vehicle records, and investigations of empeducational credentials. I hereby release all persons, companies or from liability and responsibility. A copy of this document can be sushall be valid for a period of 1 (one) year from the date of my signal	er position. This may include information ninal files at the county, state, and federal ployment history and performance and corporations furnishing such information ubstituted for the original. This document
Signature of Applicant	Date/
Keep Original on file & fax, mail, or email a copy to the Diocesan Off	fice.
Additional information from requesting congregation All requests will include a national sex offender database check and a those who will drive others as a part of their work, we also run a mot will have oversight of finances, we also run a credit check. Which of	tor vehicle records check. For those who
□ Vehicle Records Check □ Credit Check □ Neither	