



# FIRST PRESBYTERIAN CHURCH

## Background Investigation Authority

PLEASE PRINT CLEARLY

Full Name: \_\_\_\_\_ \*SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Names or SSN Used: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ \*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*SSN and DOB are only used for identification purposes in screening inquiries*

**LIST ALL ADDRESSES FOR PAST 7 YEARS: ( check here if more on reverse)**

_____	_____	_____	_____	DATES: _____ - _____
Street Address	City	State	Zip	from to

_____	_____	_____	_____	DATES: _____ - _____
Street Address	City	State	Zip	from to

I hereby authorize First Presbyterian Church or its agent, **SINGLESOURCE SERVICES CORPORATION**, to investigate my background to determine any and all information of concern to my record, whether same is of record or not.

Additionally, I hereby authorize any investigation of my personal history, including but not limited to, driving history and criminal records. I also authorize previous employers and any references provided by me or ascertained by any investigation, to release information about my performance, integrity, general character, and any other specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service and/or First Presbyterian Church.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For First Presbyterian Church Use ONLY**

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Results Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Clearance Granted: \_\_\_\_\_ Not Granted: \_\_\_\_\_ Reason: \_\_\_\_\_