



BACKGROUND INVESTIGATION CONSENT (Please Print Legibly & Sign Where Indicated)

I, _____, hereby authorize **Braeswood Assembly of God Church**, and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for **employment/volunteer work** now and, if applicable, during the tenure of my **employment/volunteer work** with **Braeswood Assembly of God Church**.

I release **Braeswood Assembly of God Church** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Volunteer/Employee Signature _____
Date

Social Security Number * _____
Date of Birth *

Driver's License Number _____
State _____
Expiration Date

Gender: _____ **Position Type:** _____
Male/Female (Please Print One)* **Employee or Volunteer (Print One)**

***NOTE:** The above information is required for identification purposes only, and is in no manner used as qualifications for employment/volunteer work. **Braeswood Assembly of God Church** is an **Equal Opportunity Employer/Volunteer Work Provider**, and does not discriminate on the basis of Sex, Race, Age (40 and over), Handicap or National Origin.

Printed Name _____ Other Name(s) Used: _____

Street Address _____ City, State, Zip _____

Phone 1: _____ Phone 2: _____ E-Mail: _____

→ _____
County (Harris, Ft. Bend, Other?) of Residence

→ _____
Department/Ministry Making Request

For Office Use Only

Date Received _____ Date Entered _____

Time Entered _____ Reference No. _____

Conducted by _____ (Please Print)

MEMBERSHIP DATE ____ / ____ / ____



BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact Lexis Nexis (now First Advantage) during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. **In person** at Lexis Nexis (now First Advantage) office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want First Advantage to disclose to or discuss your information with this third party, you may be required to provide a written statement granting First Advantage permission to do so.
2. **By certified mail**, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. **By telephone**, if you have previously made a written request and provided proper identification.

First Advantage has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Employer please note: If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.