

River Cities Community Church
Background Investigation Consent Form
Created 7/2011
Updated 4/2016

I, _____, hereby authorize River Cities Community Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, 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 for employment and/or obtaining other information which may be material to my qualifications for employment or volunteer service now and, if applicable, during the tenure of my employment or volunteer service with River Cities Community Church.

I release River Cities Community 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 is true and correct to the best of my knowledge:

Name (printed): _____

Maiden Name (if applicable) or Other Names Used: _____

Date of Birth*: _____

Social Security number: _____

Driver's License number: _____ State issued: _____

Present Address: _____

City/ST/Zip: _____

How long at present address? _____

Former Address: _____

City/ST/Zip: _____

How long at former address? _____

*NOTE: The above information is required for identification purposes only. River Cities Community Church abides by all applicable state and federal employment laws.

Signature: _____

Date: _____