

CONFIDENTIAL

East TN District Church of the Nazarene
Background Check Authorization

Print Legal Name: _____

Former (including Maiden) Name(s) Used: _____

Social Security Number: _____ D.O.B. _____

Current Address: _____
Street

City _____ State _____ Zip Code _____

County in which you reside: _____ Phone: _____

Driver's License Number: _____ Driver's License State: _____

Gender: Male or Female (circle one) Ethnicity: _____

Email address: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **East TN District Church of the Nazarene** and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **East TN District Church of the Nazarene** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

East TN District Church of the Nazarene and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.(FORM UPDATED June 2018)

SIGNATURE: _____ DATE: _____

Please send completed form to:
Melinda Hale
325 Pocahontas St.
Newport, TN 37821