

**CONFIDENTIAL**

**Background Check Authorization**

		First	Middle	Last
Print Name:				
Former Names				
Former Names				
	Mo/Yr	Address	City	State/Zip
Current Address				
Previous				
Previous				
Social Security #				
Drivers Lic. # & State				
Telephone #				
D.O.B.				

Do you currently have any charges pending or have you ever been convicted of a felony, misdemeanor, felony-reduced-to misdemeanor by any federal, state, local, military, or tribal court? Misdemeanor and/or felony conviction related to the functions of this position will be considered for employment-related decisions. You may omit convictions of a misdemeanor while under the age of 18 or minor traffic violations for which the fine imposed was \$400 or less. Has any government regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?

Yes     No

If yes please indicate the date, location and explanation. (Continue on reverse if necessary)

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Vineyard Columbus** and "Protect My Ministries" to conduct a review of my background causing an investigative report to be generated for employment and/or volunteer purposes. (Protect My Ministries" is the background screening company that Vineyard Columbus has authorized to complete our background checks) I understand that the scope of the investigative 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, 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 **Vineyard Columbus** and "Protect My Ministries" 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.

**\*\*Vineyard Columbus** 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vineyard Columbus Office Use Only

Order# \_\_\_\_\_ Operator \_\_\_\_\_ Dept \_\_\_\_\_

Date Checked \_\_\_\_\_ Date of Completion \_\_\_\_\_