

# Authorization to Conduct Criminal Background Check

(Please Read Carefully Before Completing and Signing)

Position for Which this Person is Applying: \_\_\_\_\_ Paid \_\_\_\_\_ or Voluntary \_\_\_\_\_

Congregation or Institution Served: \_\_\_\_\_ City \_\_\_\_\_

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Printed Full Name of Applicant:

\_\_\_\_\_

<i>Last</i>	<i>First</i>	<i>Middle</i>
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Other names you have used, including maiden name and the date(s) your name(s) changed:

\_\_\_\_\_  
\_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Driver's License # \_\_\_\_\_ State of Issuance \_\_\_\_\_

List all your residential addresses for the past seven (7) years, starting with your present address:

Street Address	City	State	County	Zip Code	From Mo/Yr	To Mo/Yr
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have you ever been convicted of a crime (other than minor traffic offenses)?` Yes \_\_\_ No \_\_\_

If Yes, please explain charges: (Use an additional sheet of paper if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In What State, What County, and What Year did these convictions occur? \_\_\_\_\_

I authorize the Episcopal Diocese of Mississippi and/or its designated agents to investigate my background as part of my application for employment, appointment, or a volunteer position. This may include information contained in public records which could include credit history, criminal files at the county, state, and federal jurisdiction levels, motor vehicle records, and investigations of employment history and performance and educational credentials. I hereby release all persons, companies or corporations furnishing such information from liability and responsibility. A photostatic copy of this document can be substituted for the original. This document shall be valid for a period of 1 (one) year from the date of my signature.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_