

One Church Covenant Fellowship
DISCLOSURE/AUTHORIZATION for CRIMINAL BACKGROUND CHECK
INSTRUCTIONS: Please fill out the form in its entirety. Incomplete forms will delay processing.

Current Legal Last Name:	Current Legal First Name:	Current Legal Middle Name:	Maiden: All other names:

Social Security Number:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: ____/____/____	Driver's License #: _____ State: _____	Ethnic Group: <input type="checkbox"/> ASIAN (including Pacific Islander) <input type="checkbox"/> BLACK (non-Hispanic) <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN (including Alaskan Native) <input type="checkbox"/> White (non-Hispanic)
Email:			

Residency Information: List last 10 years, beginning with the most current (NO PO BOXES)					
Dates		Address	City	State	Zip Code
From MM/YY	TO MM/YY				

My signature below authorizes One Church Covenant Fellowship to obtain information about me from our church Finance office. My signature also authorizes One Church Covenant Fellowship to obtain information about me from a consumer reporting agency for the purposes of employment, volunteering, teaching, contract service, etc. This information may be obtained at any time after the receipt of my authorization and throughout my term of service and/or consideration. The types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate record searches, motor vehicle records, and court record checks. The consumer report will be obtained from Background Investigative Bureau, LLC (BIB), located at 9710 Northcross Center Court, Hunterville, NC 28078; the phone number is 1-877-439-3900. I hereby authorize any law enforcement agency, administrator, local state or federal agency to furnish any and all background information requested by BIB, and additional third party organizations acting on behalf of One Church Covenant Fellowship. I certify that the information given by me in this application is true and complete. I understand that any misrepresentation, falsification or omission will be sufficient cause for cancellation of this application or dismissal from volunteer status or employment, if hired. It is understood that this application and all other pre-employment data become property of One Church Covenant Fellowship. I understand that my date of birth, sex and ethnic group will not be used to discriminate against me in violation of any law. I agree that a copy of this authorization shall be valid as the original. (Revised 8/25/21).

Signature: _____ Date: _____

Human Resources Use Only:

