

BACKGROUND INVESTIGATION AUTHORIZATION FORM

I hereby authorize **South Carolina Baptist Convention** or its agent, ClearStar, Inc., to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to, credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigative service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

First/Middle/Last Name: _____ SSN: _____

Other Names or SSN Used: _____ ☐ MALE ☐ FEMALE

Current Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: ____, _____, _____ Email: _____

Driver's License#: _____, _____ *DOB: _____ - _____ - _____

*DOB is optional and is only used for identification purposes in screening inquiries

LIST ALL ADDRESSES FOR THE PAST 7 YEARS(☐check here if more on reverse or resume attached)

_____ Dates: _____

Street Address . City State Zip

_____ Dates: _____

Street Address City State Zip

MAY WE CONTACT YOUR CURRENT EMPLOYER?☐YES ☐ NO ☐ RETIRED

HAVE YOU EVER BEEN CONVICTED OF A CRIME?☐YES ☐ NO

This includes but is not limited to pleas of guilty, no/lo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES, show details including date, charge, county, and disposition on reverse.

Signature: _____ Date: _____

If you are a resident of California, Minnesota, New York, Oklahoma, or Washington, you may request a copy of any "consumer report" obtained by us by indicating below:

DYES - please provide a report copy in accordance with applicable law - _____(please initial)

For South Carolina Baptist Convention Office Use ONLY:

D Basic Volunteer Package

☐ Basic Employee Package

D Extensive Volunteer Package

☐ Extensive Employee Package