

# Notification and Authorization to Conduct Background Investigation

I hereby authorize Lexington Baptist Church or its agents SINGLESOURCE SERVICES CORPORATION 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 on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, including, but not limited to a credit check, driver's license history, educational background, military record, criminal records and more through an investigative or credit agency or bureau of your choice I authorize the release of this information by the appropriate agencies to the investigating service. I understand that this may include a workers compensation claims search after a conditional job offer has been made. I also understand that 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

FULLNAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OTHER NAMES OR SSN USED: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE: (\_\_\_\_) \_\_\_\_\_

## LIST ALL ADDRESSES FOR PAST 7 YEARS: (show others on back and check here \_\_\_\_\_)

\_\_\_\_\_  
Street Address City State Zip DATES \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip DATES \_\_\_\_\_

DRIVER'S LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\*\*\*MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\*\*HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## For Lexington Baptist Church Office Use Only

Background Date \_\_\_\_\_

Please carry out the services checked below:

Statewide Criminal (State: \_\_\_\_\_)

County Criminal (County: \_\_\_\_\_)