

Background Check Authorization

Indiana District of the Assemblies of God

I, _____, hereby authorize the Indiana District of the Assemblies of God to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for potential employment now, and if applicable, during the tenure of my employment with the Indiana District of the Assemblies of God.

I release the Indiana District of the Assemblies of God and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Legal Name (Printed or typed)

Name as it appears on your driver's license (Printed or typed)

Maiden Name or Other Names Used—including nicknames (Printed or typed)

Home Address

*Date of Birth

Social Security Number

Signature **Date**