

# MONTGOMERY CHRISTIAN ACADEMY

CONFIDENTIAL

## Background Check Authorization

Full Legal Name: \_\_\_\_\_

Former Names and Dates Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Married: Yes or No Sex: M or F

Drivers License Number / State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize Montgomery Christian Academy and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Montgomery Christian Academy or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Montgomery Christian Academy, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

By signing below, you are authorizing and instructing Montgomery Christian Academy to immediately obtain a criminal background report from a third party (a reputable authorization service, utilizing a social security number trace or other information such as your name, address or driver's license number) as Montgomery Christian Academy deems necessary and appropriate. Moreover, you are allowing and instructing Montgomery Christian Academy to obtain those reports from a third party *on an ongoing basis* without any additional notice or consent for as long as you are a volunteer or otherwise associated with Montgomery Christian Academy. You may revoke this consent at any time by providing Montgomery Christian Academy with a written notice of revocation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Criminal Background Information

Full Legal Name: \_\_\_\_\_

Have you ever been convicted of a crime?                      Yes                      No

If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was / were committed, sentence(s) imposed and type(s) of rehabilitation.

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

Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse?                      Yes                      No

If yes, please explain:

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

Will you allow Montgomery Christian Academy to use your information to perform a background and / or criminal check on you?                      Yes                      No

Do you agree to follow the policies, procedures and expectations of Montgomery Christian Academy?                      Yes                      No

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_