

Fruit Cove Baptist Church

Background Investigation Consent

I, _____ (applicant complete name), hereby authorize Fruit Cove Baptist Church and/its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both police and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining either information, which may be material to my qualification for employment and/or volunteer service now and if applicable, during the tenure of my employment and/or volunteer service with Fruit Cove Baptist Church.

I release Fruit Cove Baptist Church and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits 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.

First Name (printed)	Middle Name	Last Name	Sex
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Maiden name or other names used	
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Present street address	How long at this address
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City/State	Zip
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Former Address	City/State and Zip
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Please list any OTHER COUNTIES & THE STATE that you have resided in for the last 7 years

Date of Birth	Social Security Number
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Signature	Date
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All information provide and results of background investigations will be kept in strictest confidence.