



Employee Background Check Authorization

Name:	
Former Name(s) if applicable:	
Current Address	
Previous Address	
Fievious Address	(Mo/Year)
Previous Address	
	(Mo/Year)
Driver's License Number/State:	Cell Number:
Social Security Number:	Date of Birth:
Email Address:	
I further authorize any individual, company, firm, confidence Administration and law enforcement agencies) to divulge Emmanuel Lutheran Church and School or its agents. I from pertaining to me which the individual, company, firm, corpreceived from other sources. I hereby release Emmanuel Lutheran Church and School, representative, or assigned agencies, including office	reaction background, character references; drug testing, civil and rall federal, state, county jurisdictions; driving records, birth records, arporation, or public agency (including the Social Security any and all information, verbal or written, pertaining to me, to arther authorize the complete release of any records or data boration, or public agency may have, to include information or data on the Social Security Administration, and its agents, officials, rs, employees, or related personnel both individually and er kind, which may, at any time, result to me, my heirs, family, or
Signature:	Date:
A background check has been performed on the above-named emhim/her. Therefore, this person is approved for employment with	
Approved by:	
Date:	