

# Notification and Authorization to Conduct Background Investigation

I hereby authorize **CORNERSTONE FELLOWSHIP MILILANI MAUKA CHURCH** or its agent, BACKGROUNDCHECKS.COM, 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 resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand 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                      USE BLACK OR BLUE INK ONLY**

Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Names or SSN Used: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

**LIST ALL PREVIOUS ADDRESSES FOR THE PAST 7 YEARS: (  check here if more on reverse side )**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

**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 reverse.*

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**For CORNERSTONE FELLOWSHIP MILILANI MAUKA Office Use ONLY**

**Client Ref:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_

Please carry out the services indicated below:

<input type="checkbox"/> Extensive Employee Screening	<input type="checkbox"/> Extensive Volunteer Screening
<input type="checkbox"/> Basic Employee Screening	<input type="checkbox"/> Basic Volunteer Screening

Results of Background Check \_\_\_\_\_ Date \_\_\_\_\_  
 Results of Background Check \_\_\_\_\_ Date \_\_\_\_\_  
 Results of Background Check \_\_\_\_\_ Date \_\_\_\_\_  
 Results of Background Check \_\_\_\_\_ Date \_\_\_\_\_