Background Check Authorization

Print Name: _____
First Middle Last

Former Name(s) & Dates Used: _____

Current Address: _____

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address: _____

(Mo/Yr) (Street) (City) (Zip/State)

Social Security #: _____ DOB: _____

Telephone Number: _____

Drivers License Number: _____ State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Living Faith Alliance Church and its designated agent, Protect My Ministry, to conduct a comprehensive review of my background.

Living Faith Alliance Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants person information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____