

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the **Loganville Christian Academy** to order my background report, including investigative consumer reports. I understand that the **Loganville Christian Academy** may rely on this authorization to order additional background reports, including investigative consumer reports, during my time as a volunteer without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers, learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses, and substance abuse testing.

I agree the Loganville Christian Academy may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

If you live or work for the Company in California, Minnesota, or Oklahoma: Check this box if you would like a free copy of your background check report: <input type="checkbox"/>
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<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date: (Month/Day/Year)
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If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

(Affix Seal)

Date

My commission expires:

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the **Loganville Christian Academy** in running a background check in connection with your application for volunteer work. The organization is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do **NOT** provide your date of birth, social security number, or driver's license number until instructed to do so by the **Loganville Christian Academy**.

First Name _____ Middle Name _____ Last Name _____

Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State of Issue _____

Enter any other names used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses within the past seven (7) years (use a separate sheet as needed):

Present Street Address _____

City/State/Zip _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/Zip _____