Criminal Records Check Authorization Form

I hereby give my permission for Gayton Baptist Church to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment or volunteer position with Gayton Baptist Church.

I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I also understand that, by law, I may request a copy of the document.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Gayton Baptist Church and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims, demands, whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee or volunteer of Gayton Baptist Church.

Please initial here if you would like to grant permission to Gayton Baptist Church to
perform a background check for the next 5 years without having to complete this form each year. The
check will only be done if you are asked to participate in a project with Gayton Baptist Church.
Print Name
Date
Applicant's Signature
Print Witness Name
Witness's Signature

PLEASE COMPLETE ALL INFORMATION ON THE REVERSE SIDE.

Full Name					
Last		First		Middle	Maiden
Physical Address					
How long have you been	at this address	?			
If less than one year, plea	se provide prev	ious addr	ess:		
Sex (please indicate):	Male	F	emale		
Date of Birth:	/				
Social Security Number:					
Driver's License Number	(if driving a ch	urch vehi	cle)		
Have you ever been convid	cted of a crime?	Yes	. No	_	
Are there any legal charge	es pending agair	nst you? \	/es	No	
If yes, please explain:			· · · · · · · · · · · · · · · · · · ·		
The signature represents r	ny current legal	name and	d any previou	ısly used nam	es are listed below:
Additional Names:					
			·····		
Signature of Applicant					Date