

Representative \_\_\_\_

## CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

## TO BE COMPLETED BY CANDIDATE PLEASE PRINT ALL REQUESTED INFORMATION.

Name:		
Last Other Names Used:	First	Middle
Current Address:		
City/State/ZIP Code:		
Home Phone #:	Cell Phone #:	
Email Address:		
Social Security #:	Date of Birth*	
The Impact Church of The Woodlands is requesting your Your SSN will not be disclosed to anyone except as mand * DOB is being requested in order to obtain accurate ret	lated by law.	I) in order to expedite this check.
Driver's License #	State of Issue:	
Church and its employees, as well as the company performance furnishing of this information. I certify that the statement best of my knowledge and belief, and are made in good farmy consideration for employment, or could result in discrete	its made by me on this form aith. I understand that any fal	are true, complete, and correct to the se statements made herein could voice
Signature:	Date:	
With few exceptions, you are entitled (at your request) to about you. Under Sections 552.021 and 552.023 of the Teinformation. Under Section 559.004 of the Texas Govern information about you that is held by us and is incorrect, Texas System Business Procedures Memorandum 32. The and maintained as required by Texas records retention learness. Different types of information are kept for different	exas Government Code, you a ment Code, you are entitled to in accordance with the proc e information that The Impac aws (Section 441.180 et seq. o	are entitled to receive and review the to have The Impact Church correct edures set forth in The University of ct Church collects will be retained
Area(s) you wish to volunteer/work in:		
This section to be completed by The Impact Church Position: Unit/School:		
Request Date:		□ Yes □ No HR