

CONFIDENTIAL

**North Point Ministries, Inc.
Background Check Authorization/GA Criminal History Consent**

Please use Legal Name - should match name on your Drivers License

*Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

*Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

*Social Security Number: _____ *DOB: _____

Telephone Number: _____

**Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **North Point Ministries, Inc.**, and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county, and local jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **North Point Ministries, Inc.**, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I further hereby forever release and discharge **North Point Ministries, Inc.**, and its agents and representatives, to the fullest extent permitted by law, from claims, damages, losses, liabilities, costs, expenses, or any other charge or complaint arising from the collection and use of the information acquired in this background check.

*Signature: _____ Date: _____

*Required Field

**Required Field for MVR