

# **Background Check Authorization**

Name \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) Used \_\_\_\_\_  
(First) (Middle) (Last)

No Legal Middle Name

Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Email address \_\_\_\_\_ Telephone \_\_\_\_\_

Current Address \_\_\_\_\_  
(Street) (City) (State) (Zip/Postal Code)

Driver's License Number \_\_\_\_\_ DL State \_\_\_\_\_

Gender

Race/Ethnicity:

The information contained in this application is correct to the best of my knowledge. I hereby authorize the Presbytery of Missouri River Valley and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or 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 area: verification of social security number, credit reports, 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 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 the Presbytery of Missouri River Valley 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. \*\*The Presbytery of Missouri River Valley and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, social security numbers, and dates of birth.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email completed form to: [nicole@pmrv.org](mailto:nicole@pmrv.org)  
Or mail completed form to:  
The Presbytery of Missouri River Valley  
302 S. 74th Street  
Omaha, NE 68114-4617