

BACKGROUND AUTHORIZATION FORM  
St. Mark's United Methodist Church

During the application process and at any time during the tenure of my employment or volunteer work with St. Mark's United Methodist Church, I hereby authorize First Advantage, on behalf of St. Mark's United Methodist Church to procure a National Criminal File Search Report. This report may be compiled with information from court record repositories, departments of motor vehicles, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

\_\_\_\_\_  
Applicant/Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address: Street, City, State and Zip Code

I understand that under the St. Mark's United Methodist Church policy, I will be required to undergo a background check each year that I am an employee/volunteer. I further understand that upon completion of the background check, my Social Security Number will be blackened out and this document kept on file. Lastly, I understand that by blacking out the Social Security Number, I will be required to complete this form each subsequent year that I am employed/volunteer. Understanding each of these things, I hereby authorize St. Mark's United Methodist Church to not blacken out my Social Security Number and to maintain this "Authorization Form" to be used each subsequent year to obtain the necessary background check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

