

Background Check Authorization and Release Form for  
Trinity Lutheran Congregation

I \_\_\_\_\_, authorize Trinity Lutheran Congregation of Springfield, Missouri, and all parties that it may use including Protect My Ministry to conduct a background check for any criminal felony convictions, DWI convictions within the last three years, and sex offender status. I authorize them to make any inquiries with investigative, private or governmental agencies. I understand and am aware that I must provide my date of birth to help verify and complete the background check and that my date of birth and age will not affect the hiring process or decision. I authorize convictions within the last three years, or sex offender status. I release and indemnify Trinity Lutheran Congregation and all parties that they may use in obtaining this information from any and all liability, claims or damage that may directly or indirectly result at anytime from or as a result of running this background check. I also am aware that this release form is and will be valid in its original form, faxed copy or email and scanned copy.

This form must be filled out in its entirety and as legible as possible for the background check to be ordered

(Ms. Mrs. Mr. Miss) Full Name: \_\_\_\_\_

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

Driver License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Maiden Name or Alias: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Do you have any felony criminal conviction, DWI convictions within the last three years, or are you on any sex offender list:? Yes or No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Locations of Residency the past five years. Most recent first.

State: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

I, certify that I have read, fully understand, and accept all terms of this Release and Authorization and that any untruthfulness or omissions may be grounds for termination or grounds to not extend an offer of employment and that the information set out by me in this application is true and correct.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Is this position for (circle one): Employment or Volunteer