

Report Satisfactory____ Incomplete____
Date:_____

\$5 Fee Paid _____
Date:_____

One-time PROCESSING FEE OF \$5.00

Background Check Authorization / Release Form

I hereby authorize Mission Waco, Mission World, 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 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 including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

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 Mission Waco, Mission World, 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 hereby release Mission Waco, Mission World, Inc. the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Date:_____ Driver's Lic # _____ State Issued _____
PRINT Last Name PRINT First Name PRINT Middle Initial

Maiden and/or Other Last Names Used _____

Current Local Address _____ City _____ State _____ and Zip Code _____
Date of Birth _____ Social Security Number (required) _____ Circle One: Male / Female

EMAIL: _____

Must have Social Security# to process report. Paperwork is stored in padlocked file cabinet, and micro-shredded when no longer req'd.

Permanent HOME Address Since: _____ (Mo/Yr) _____ (Street) (City) (State/Zip)

List all previous Addresses:
From: _____ (Mo/Yr) _____ (Street) (City) (State/Zip)
From: _____ (Mo/Yr) _____ (Street) (City) (State/Zip)

Complete all address information, current & past 3 years, as applicable.

Signature: _____ **Today's Date:** ____/____/____

NOTICE TO CALIFORNIA RESIDENTS:
If you would like a copy of your background information obtained by backgroundchecks.com, please indicate by checking the following box: _____
Signature: _____ Date: ____/____/____

California, Minnesota and Oklahoma Residents Only:
If a consumer credit report is ordered, would you like a free copy of report mailed to your home? __YES__ NO
Signature: _____ Date: ____/____/____