

# BACKGROUND CHECK DISCLOSURE

## The General Council of the Assemblies of God

*This form may be completed electronically and printed prior to signing, or a hardcopy may be printed to be completed.*

I, \_\_\_\_\_, hereby authorize The General Council of the Assemblies of God and/or the \_\_\_\_\_ District<sup>†</sup> to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for credentialing now and, if applicable, during the tenure of my credentials with the Assemblies of God.

I release the Assemblies of God and/or the \_\_\_\_\_ District and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits regarding the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Legal First Name	Legal Middle Name	Legal Last Name(s)	Suffix
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\_\_\_\_\_  
Name as it appears on your driver's license

\_\_\_\_\_  
Name(s) commonly known as (such as nickname or middle name)

\_\_\_\_\_  
Maiden Name or Previous Names Used

I do not have a legal middle name.

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

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

\_\_\_\_\_  
Signature (Digital signatures not accepted.)

\_\_\_\_\_  
Date

*\*NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for credentialing.*

If you would like to receive a copy of your background report, please contact the First Advantage Consumer Center at 800.845.6004.

<sup>†</sup>The term *district* is interchangeable with *network* throughout this form.