BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize <u>FIRST REFORMED CHURCH</u> or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.
PLEASE PRINT CLEARLY

Full Name:	SSN:		
Other Names or SSN Used:			
Current Street Address:		Ар	t.:
City:	State:		_ Zip:
Phone: ()	-		
Driver's License#:	State: screening inquiries	*DOB:	//
Best Telephone Contact #*: () Email Address*: *These will only be used by SingleSource if further information is required to complete your report			
HAVE YOU EVER BEEN CONVICTED OF A CRIM This includes but is not limited to pleas of guilty, no intervention programs. If YES show details includin considered based upon the type of offense, the date	llo contendere, no contest, ng date, charge, county, dis	adjudication	reverse. Convictions are
Signature:		DATE:	_//
If you are a resident of California , Minnesota , New York , Oklahoma or Washington , you may request a copy of any "consumer report" obtained by us by indicating below: YES – please provide report copy in accordance with applicable law- (please initial)			
For Office Use ONLY			
Please log in to <u>www.singlesour</u>	<u>ceservices.com</u> to ente	er subject	t for screening(s).
SingleSource Services 1-800-713-3412			

Client Reference: ______

Date Requested: _____