



**Background Check Release Form**

InFaith conducts a background check of all prospective employees. Please read and sign the statement below as your authorization to conduct a full background check as necessary. All information is held in strictest confidence and follows our privacy protocols.

Background Authorization: I hereby authorize and request any present or former employer, school, consumer credit agency, financial institution, law enforcement agency, city, state, county, and federal court and agency, military service or other persons having personal knowledge about me, to furnish InFaith with any and all information in their possession regarding me in connection with this application. I am willing that a photocopy of this authorization be accepted with the same authority as the original. My signature signifies my acceptance that a full background check, including a criminal history file, may be used for the purpose of evaluating me for the position to which I have applied. I release InFaith and its employees from all liability arising from such investigation.

*Please Print or Type:*

Last Name		First Name		M.I.	
Street Address				Apt. Unit#	
City		State		Zip	
Phone (with Area Code)		Email Address			
Social Security #		Driver's License #		State Issued	
Position Applied For		Date of Birth			

Signature		Date	
<b>FOR OFFICE USE</b>			
		PMM Date Run	

**Please note:** You must save the completed version to your hard drive (rename it BkgrdRelease followed by your first initial and last name) before uploading the document. An unsaved document, when uploaded, will be received blank.