

## BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize **Tega Cay Baptist Church** 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 I also authorize previous employers, 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. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

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: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

\*Gender  MALE  FEMALE \*Ethnicity: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ \*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*SSN, Gender, Ethnicity and DOB are only used for identification purposes in screening inquiries.*

Best Telephone Contact #\*\*: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address\*\*: \_\_\_\_\_

*\*\*These will only be used by SingleSource if further information is required to complete your report*

### LIST ALL ADDRESSES FOR PAST 7 YEARS: ( check here if more on reverse or resume attached)

\_\_\_\_\_  
Street Address City State Zip DATES: \_\_\_\_ - \_\_\_\_  
from to

\_\_\_\_\_  
Street Address City State Zip DATES: \_\_\_\_ - \_\_\_\_  
from to

MAY WE CONTACT YOUR CURRENT EMPLOYER, IF NECESSARY?  YES  NO

Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### For Office Use ONLY

Please log in to [www.singlesourceservices.com](http://www.singlesourceservices.com) to enter subject for screening(s).

SingleSource Services 1-800-713-3412

Select service to carry out:

- Extensive Employee Screening Program
- Basic Employee Screening Package
- Extensive Volunteer Screening Program
- Simple Volunteer Screening Program