# BACKGROUND CHECK AUTHORIZATION

The undersigned hereby authorizes Rejoice Lutheran Church, of Omaha, Nebraska (the "Church"), by and through its independent contractor, to procure a criminal history and records report on me.

The purpose for this form is to provide the information that may be required in order to conduct a criminal records check for individuals who intend to participate in certain Church programs, or to be employed by the Church. This background check is required before such participation or employment shall be authorized.

These above-mentioned reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; driving history, including any traffic citations; present and former addresses; criminal and civil history/records; any other public record; and, any other information bearing on my character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon my written request that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Rejoice Lutheran Church, of Omaha, Nebraska, including, but not limited to, any courthouse, any public agency, and any and all law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that this authorization shall remain on file and shall serve as an ongoing authorization for the Church to obtain such reports at any time during my employment or participate with the Church program.

I hereby release Rejoice Lutheran Church, Omaha, Nebraska, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of any reports hereby authorized.

PRINTED NAME:_____
First Middle Last

SIGNATURE:_____ DATE:_____

COMPLETE RESIDENCE ADDRESS:_____
Street Number/P.O. Box Street Name

_____
City State Zip Code County

SOCIAL SECURITY NUMBER _____

DAYTIME TELEPHONE NUMBER _____

DRIVER'S LICENSE NUMBER_____ STATE OF ISSUANCE____

DATE OF BIRTH*_____

* This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search. We comply with the Age Discrimination in Employment Act. Therefore, this information will not be used to discriminate on the basis of age.