DALLAS ALLIANCE CHURCH
GROWING IN CHRIST TOGETHER

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DAC BACKGROUND CHECK AUTHORIZATION: CONFIDENTIAL

Print Name: _____
First   Middle   Last

Other Names Used (Former/Maiden): _____

Phone #: _____ Cell Phone #: _____

Current Address:
Street Address: _____
City: _____ State: _____ Zip: _____
Since When: Month: _____ Year: _____

Previous Address:
Street Address: _____
City: _____ State: _____ Zip: _____
Since When: Month: _____ Year: _____

Social Security #: _____ Date of Birth: _____
Driver's License Number: _____ State Issued: _____
Email: _____

** **If there is any potential criminal history/conviction you suspect will appear, please use write out clearly what that might be (and the explanation) on the back of this form.**

*The information contained in this application is correct to the best of my knowledge. I hereby authorize **Dallas Alliance Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to, the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.*
*I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Dallas Alliance Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.*

** **Dallas Alliance Church**, and its designated agents and representatives, shall maintain all information received from this authorization in a confidential manner to protect the applicant(s) personal information. Including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Complete both sides and email to: *dacoffice@dallasalliance.org* or bring in to the office. Thank You!
All records will be kept confidential.