		St. Paul's Lutheran Church, West Falls, NY	Date:	27-Feb-20
Group:	Safety	Authorization for Release of Information	Rev:	1
Procedure:	S-01-02	CONFIDENTIAL	Page 1 of 2	

Required Every 5 Years

Any changes in must be reported immediately if working with youth.

Please answer each question in full. Your responses will be kept confidential.

AUTHORIZATION FOR RELEASE OF INFORMATION

In filling out this application, I understand that this potential employer is in no way obligated to provide employment to me or for me to accept employment with such. I also understand that past employment records, references and other facts stated by me may be subject to inquiry.

I hereby grant this potential employer permission to check any of the information on this form. In connection with and for the duration of my employment with this potential employer, I authorize all persons, schools, companies, internet accounts, corporations, credit bureaus, law enforcement agencies or government branches of the services to supply any information concerning my background and release them from any liability and responsibility arising from their doing so, except where my written statement upon this form specifically requests that no investigation be made. Disclosure of date of birth will not be used to determine suitability for employment. I understand it will be for identification purposes only. All information will be held in the strictest of confidence. I further understand that any misrepresentation of facts upon this application will be considered as cause for possible dismissal.

Name (First, Middle Initial, Last) Also Known As (please list any aliases) ———		
Address Street		
City	State	
Zip		
Phone		
Driver's License Number and State		
Social Security Number		
Applicant Signature		Date
Applicant Printed Name		

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Number 1 Renumbered document. Changed header. Added Change Table.	