Background Check Authorization and Release

This Background Check Authorization and Release Form is for use by the Cherry Hills Community Church Human Resources Department and will be disclosed to the Director of Short-Term Outreach only if an applicant fails to pass the background check. The information provided by the applicant on this form is only intended for use in conducting background checks.

Background Check Authorization and Release

I have applied for a Discover the World Short-Term Mission trip with Cherry Hills Community Church. All of the information that I have provided during the course of the application process is complete and accurate to the best of my knowledge. I understand that misrepresentations or omissions are grounds for rejection of my application or dismissal from the team.

I understand that a background check is part of the application process. I request and authorize Cherry Hills Community Church, for purposes of a background check, to contact an outside agency of their choice to conduct background checks.

I agree that the background checks may cover any job-related information, including, but not limited to, any convictions related to violations of law.

I agree to hold harmless and to waive any and all claims I may have against Cherry Hills Community Church and its agents and employees for any and all loss or injury I may sustain as a result of Cherry Hills Community Church's investigating my background in accordance with this release. I also agree to hold harmless and to waive any and all claims I may have against the entities, individuals, agents and employees who provide information to Cherry Hills Community Church in connection with Cherry Hills Community Church's investigation of my background, for any and all loss or injury I may sustain as a result of any disclosure made in accordance with this release. I understand that this includes the possible rejection of my application for employment.

I have received a copy of this Authorization and Release, understand it and have had an opportunity to ask questions and obtain answers to my questions.

_____   _____
Applicant's Signature   Applicant's Printed Name

_____/_____/_____   _____ - _____-_____   _____
Birthdate (MM-DD-YYYY)   Social Security Number   Today's Date

Applicant's Address

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