

Consent for Criminal Background Check

Your signature below authorizes Morning Star Community Church and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

Full Legal Name: _____ Male _____ Female _____
Current Address: _____
Other Name Used: _____ (Maiden, alias', legal name change, etc.)
DOB: _____ DL#: _____ State: _____
Social Security #: _____
Previous Address in the past seven years: _____ _____ _____
Have you ever been convicted of any crime? Yes _____ No _____
Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse of sexual misconduct? Yes _____ No _____
If "yes," explain: _____ _____ _____

Applicant's signature: I have reviewed and completed this form as applicable to me. I give Morning Star Community Church permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: _____

Signature of parent/guardian of minor under the age of 18yrs _____

Parent/Guardian print name: _____

Witness Signature: _____ Print Name: _____

Date: _____