



Authorization to Conduct Background Investigation

(Please Read Carefully Before Completing and Signing)

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

First Name (Printed)	Middle Name	Last Name
Parish Requesting Background Check:	Position:	Check one: <input type="checkbox"/> Volunteer Position <input type="checkbox"/> Paid Staff Position
Education – Last School attended	Highest Degree Attained:	Date last attended:
Other Names you have used, including maiden name and the dates you changed your name.		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: (required “identifier” in certain jurisdictions)	Social Security #	Date of Birth
Driver’s License #	DL State of Issue:	Phone number you can be reached at for any questions regarding this form.
Have you ever been convicted of a crime (other than minor traffic offenses)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain charges. (use additional paper if necessary)	
What state, what county and what year did these convictions occur?		

List all your residential address for the past seven (7) years, starting with your present address:
 (use additional paper if necessary)

Street Address	City	State	County	Zip Code	From Mo/Year	To Mo/Year

I authorize Episcopal Diocese of Tennessee and/or Oxford Document Management and their agents to investigate my background in connection with my application for employment, appointment or a volunteer position. I understand that this may include investigative inquiries related to my driving, credit, criminal, civil, education and employment experiences. I hereby release and hold harmless all persons, agencies or companies furnishing such information from liability and responsibility. A phot/static/fax/electronic copy of this document can be substituted for the original. This document shall be valid for a period of one (1) year from the date of my signature. I certify that this Authorization was completed by me and all information is true and complete to the best of my knowledge.

Name/Signature of Applicant _____ Date ____/____/____

Position applying for:

- Volunteer
- Staff
- Clergy

Completed forms should be returned via mail or e-mail:

Kim Jones
 Episcopal Diocese of Tennessee
 3700 Woodmont Blvd
 Nashville, TN 37215
 backgroundcheck@edtn.org