



Background Check Authorization Consent Form

Print Name: _____
(First) (Middle) (Last)

Former Name(s) (if applicable): _____

Social Security Number: - -

Date of Birth: ____/____/____

Sex: Male Female

Race/Ethnicity:

- | | |
|----------------------------------------------|----------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Pacific Islander |
| <input type="radio"/> Black/African American | <input type="radio"/> 2 or more |
| <input type="radio"/> Hispanic | <input type="radio"/> Unknown/Other |
| <input type="radio"/> Asian | |

Current Address: _____
(Number/Street)

(City) (State) (Zip code)

I hereby consent to the Grace Christian University's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Grace Christian University to obtain access to and copies of records pertaining to this information. With regard to the foregoing disclosures, I hereby agree to release any person, Grace Christian University, or other entity from any and all causes of action that otherwise might arise from supplying the Grace Christian University with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed

Signature of consent: _____ Date ____/____/____