

# *South Missouri Baptist Assembly*

## Application for employment Release of employment records and information Authorization to check Criminal Records

I \_\_\_\_\_ authorize South Missouri Baptist Assembly Inc. or those authorized by them, to investigate all facts contained in my application for employment with said facility, and authorize the release of any and all information by my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information. A copy of this release shall be as valid as the original.

I also authorize the above to receive information from any law-enforcement agency, including police departments and sheriff's department of this state or any other state or federal government to the extent permitted by state and federal laws pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee/volunteer (cross out one) and expressly DO NOT authorize the camp or its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_

Applicant signature \_\_\_\_\_

Printed name of applicant \_\_\_\_\_

Applicant Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Witness signature \_\_\_\_\_

Printed name of witness \_\_\_\_\_