**THE MORAVIAN CHURCH SOUTHERN PROVINCE**

**AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that in consideration of my application, an investigation will be conducted. I authorize The Moravian Church, Southern Province to conduct such an investigation and release the organization and its agent, including its officers, employees, and representatives, from all liability or responsibility for this investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, consumer credit history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

 Mo. Day Yr

 Last First Middle Social Security # Date of Birth

 **(Please print Full Birth Name – Do not use initials)**

 \_\_\_\_ \_\_\_\_\_\_

 **Maiden, Previous Married, and all other**  Driver’s license # State Sex Race

  **Alias names used**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Applicant’s Telephone Number)

 Yr Mo

 Present Address City/State Zip/County How long?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If this is the first time you have applied to be a counselor, please list all other addresses used for the past 7 years - use additional page(s) if needed.**

 Yr Mo

 Previous Address City/State Zip/County How long?

 Yr Mo

 Previous Address City/State Zip/County How long?

**If you have lived in the following states within the last seven years; Alabama, Arkansas, Canada, District of Columbia, Idaho, Iowa, Minnesota, New Hampshire, Nevada, South Dakota, or Virginia, you will be asked to complete an additional form in order to complete your application.**

**If you have lived in Canada, Delaware, Georgia, Maryland, Nevada, New Jersey, Ohio, South Dakota, Texas, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) in order to complete your application.**

**A telephone facsimile or photographic copy of this authorization shall be as valid as the original.**

 Applicant’s Signature Date

**MORAVIAN CHURCH SOUTHERN PROVINCE USE ONLY**

**\_\_\_\_ CRIMINAL \_\_\_\_ DMV \_\_\_\_\_SS# VERIFICATION \_\_\_\_CREDIT REPORT \_\_\_\_ EDUCATION CREDENTIALS**

 **Recruiter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Faxed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**