



**BACKGROUND INQUIRY AUTHORIZATION**

In connection with my application for employment I understand that an investigative background inquiry may be made on me. This includes, but is not limited to, identity and prior address(es) verification, criminal history, driving record, consumer credit history, education verification, prior employment verification, reference checks, and other information as desired. I further understand that for the purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, county, municipal, corporate, private and other agencies or entities, which may maintain records concerning my past activities relating to my criminal conduct, civil court litigation, driving record, and credit performance, and other personal information. I hereby authorize without reservation any company, agency, party or other source contacted to furnish the above information as requested. I do hereby release, discharge and indemnify **Advanced Screening Solutions LLC**, Wesley Biblical Seminary, their agents, and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information. I acknowledge that a photocopy of this authorization may be accepted with the same authority as the original. This signed release expires one (1) year after the date of origination or immediately upon separation of employment, whichever is greater.

**PLEASE PRINT CLEARLY & USE YOUR FULL LEGAL NAME.**

Company Name: WESLEY BIBLICAL SEMINARY

Applicant Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For MVR purposes ONLY:** D/L #: \_\_\_\_\_ State: \_\_\_\_\_

In connection with this request, I (print) \_\_\_\_\_ hereby release the aforesaid parties from any liability and responsibility for obtaining my background report.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

