



**Good Shepherd Lutheran**  
 Church and Early Childhood Center  
 700 W. Whitestone Blvd.  
 Cedar Park, Texas 78613

**Authorization and Request for  
 Background & Criminal Records Check**

Circle One:           EMPLOYEE           VOLUNTEER

Print full name: \_\_\_\_\_

Print all other names that have been used by applicant (if any):

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

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

\_\_\_\_\_

Residence Telephone Number: \_\_\_\_\_

Other cities/states of Residence: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State issuing license: \_\_\_\_\_

License expiration date: \_\_\_\_\_ Start Date: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize Good Shepherd Lutheran Church and its designated agents and representatives to obtain any information relating to my criminal background through any agency, entity or organization having such information, chosen by the Church.

I understand that the scope of the investigative report may include, but is not limited to the following areas: current and previous residences; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, and any other public records.

I authorize the complete release of any criminal records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Good Shepherd Lutheran Church and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date