EDWARDS & ASSOCIATES
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MOUNT AIRY, N.C. 27030
PHONE: 336-786-1962
FAX: 336-789-6779
Email: edwardsassoc@surry.net

Full Name (including maiden)_____

Address:_____

Social Security Number:_____Date of Birth:_____

Driving License: State:_____Number:_____

Please check one of the following:

_____I have not been convicted of a misdemeanor or felony within the past 20 years
_____I have been convicted of a misdemeanor or felony within the past 20 years.
Please indicate the date, charges and disposition of all cases. Failure to do so may be legitimate reason to terminated employment:

Signature:_____

I hereby authorize Edwards & Associates for Church of God of Prophecy and its designated to conduct a comprehensive review of my background causing a consumer report, MVR, credit report, criminal history and other reports as deemed necessary by Church of God of Prophecy I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; credit history; criminal history for all jurisdictions; motor vehicle records; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to EDWARDS & ASSOCIATES, for CHURCH OF GOD OF PROPHECY and its agents.

I hereby release Edwards & Associates, and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever king, which may, at ant time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

Signature: _____Date:_____

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