

**Driver Record Background Authorization Form (Sept. 2021)**

I give my permission for Beltway Park Church to do a background check.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Serve Position :\* \_\_\_\_\_

Billing Ref: (Department where serving)\* \_\_\_\_\_

First Name :\* \_\_\_\_\_

Middle Name:\* \_\_\_\_\_

\_\_\_\_\_ Has No Legal Middle Name

Last Name :\* \_\_\_\_\_

Other names used \*: \_\_\_\_\_

\_\_\_\_\_ (Mothers maiden name required for Puerto Rico searched)

Social Security:\* \_\_\_\_\_

D.O.B (YYYY-MM-DD):\* \_\_\_\_\_

Gender:\* \_\_\_ female; \_\_\_ male Ethnicity: \_\_\_\_\_

Phone: \* \_\_\_\_\_

Drivers License:\* \_\_\_\_\_ DL State: \_\_\_\_\_ (copy required)

Email:\* **Required** \_\_\_\_\_

Street Address:\* \_\_\_\_\_

City:\* \_\_\_\_\_

State:\* \_\_\_\_\_ Zip Code:\* \_\_\_\_\_

*Sharon Ellison, Admin. Finance & HR*

*Beltway Park Church*

*4009 Beltway S, Abilene, TX 79606*