



The Presbytery of the Highlands of NJ

Applicant Release & Authorization for Background Check

I hereby authorize representatives of the Presbytery of the Highlands of NJ, bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release, indemnify and discharge my prospective employer or other source providing information from any and all claims, liabilities and/or damages arising out of or relating to any investigation of my background for said purposes.

PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY. ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST.

Name: _____ Alias/Other: _____
(First, Middle, Last - Print Clearly)

Date of Birth: _____ Social Sec. _____

Driver's Lic.
No.: _____ State _____

(1) Current
Addr: _____ City/State/Zip: _____

County: _____
Dates/From: _____ To: _____

(2) Previous
Addr: _____ City/State/Zip: _____

County: _____
Dates/From: _____ To: _____

(3) Previous
Addr: _____ City/State/Zip: _____

County: _____
Dates/From: _____ To: _____

Applicant Signature _____ Witness _____ Date: _____

Church: _____

PLEASE SEND THIS FORM TO: The Presbytery of the Highlands of NJ, Attn: Office Manager, 390 Route 10 West, Randolph, NJ 07869