

If you will be 18 years or older by the trip starting date AND you live outside California, please complete and submit this document with your application.

## Employee Authorization to Release Records

I understand and agree that:

The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the Great Commission Trips. Great Commission Trips has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.

I hereby authorize SentryLink LLC an agent of Great Commission Trips a chartered subordinate ministry of Grace Communion International to make a thorough check of my past Employment and activities. I release from liability all persons, companies, and corporations supplying that information. I release and indemnify Great Commission Trips a chartered subordinate ministry of Grace Communion International and SentryLink LLC against any liability that might result from making such background checks.

A copy of this form is as valid as the original.

<b>APPLICANT</b>			
Last name	First name	Middle	
Other name(s) married / maiden			
Social security # -	Date of birth mm/dd/yyyy	Driver's license #	State
<b>RESIDENCES</b> (Starting with current)			
Street address	City, State		Zip
Street address	City, State		Zip
<b>NAME OF CURRENT EMPLOYER</b>			
Street address	City, State		Zip
Phone #	Position		
May we contact current employer? Yes _____ No _____			
Signature		Date signed	