



Ministry: _____

Memphis Leadership Foundation

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Memphis, TN 38174-0174

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Fax: (901)-729-2933

1548 Poplar Ave
Memphis, TN 38104

CONFIDENTIAL

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address: _____ Since: _____
(Full Address: Street, City, State, Zip)

Previous Address: _____ From: _____
(Full Address: Street, City, State, Zip)

Previous Address: _____ From: _____
(Full Address: Street, City, State, Zip)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Memphis Leadership Foundation** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Memphis Leadership Foundation** or its agents. I further authorize the complete release of any 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 **Memphis Leadership Foundation**, the Social Security Administration, 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.

Safety Information

The following are my responses to questions about my criminal record history (if any) with descriptions to any question that has a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense (excluding minor traffic violations) YES NO

If YES, please provide an explanation: _____

2. Have you ever received deferred-adjudication or similar disposition for any federal, state, or municipal criminal offense? YES NO

If YES, please provide an explanation: _____

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO

If YES, please provide an explanation: _____

4. Have you ever been accused of molesting or abusing a minor or any crime against a minor? YES NO

If YES, please provide an explanation: _____

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, please provide an explanation: _____

6. As of the date of this authorization, do you have any pending charges against you? YES NO

If YES, please provide an explanation: _____

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that is grounds for the canceling of any and all offers of employment or volunteer positions that/will exist and may be used at the discretion of the Memphis Leadership Foundation.

Signature: _____ Date: _____