



## Background Check Authorization Form

Prior to, or during the period of my volunteer service or employment with \_\_\_\_\_ ,  
I hereby authorize The Pacific Conference Office through ADP Screening and Selection Services on behalf  
of Brotherhood Insurance Company to produce a criminal /sexual misconduct report, as well as a motor  
vehicle background verification, to the extent such investigation includes information bearing on my  
character, general reputation, personal characteristics or mode of living.

---

**Applicant/Employee Name and Signature**

---

**Date**

---

**Social Security Number**

---

**Date of Birth**

*Please keep this form for your records*