



## EVANGELICAL CHRISTIAN ACADEMY

*Elementary Campus ... Pre-kindergarten through Sixth Grade*  
2511 N. Logan Avenue/ Colorado Springs, CO 80907/ (719) 634-7024

*Secondary Campus ... Seventh through Twelfth Grade*  
4052 S. Nonchalant Circle/ Colorado Springs, CO 80917/ (719) 597-3675

### AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, \_\_\_\_\_, hereby authorize Evangelical Christian Academy to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Evangelical Christian Academy will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of Evangelical Christian Academy's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Current Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Signature*