

Tymetric A. Robinson
President

Tonya Briggs
Vice-President



MISSIONARY LEADERSHIP ACADEMY
212 INDUSTRIAL PARK RD
STARKVILLE, MS 39759
PHONE: (662) 370-0621
EMAIL: INFO@OUR-MDC.ORG

BACKGROUND CHECK CONSENT & AUTHORIZATION FORM

APPLICANT / EMPLOYEE INFORMATION

Full Name: _____

Previous Names (if any): _____

Date of Birth: _____

Current Address:

Phone Number: _____

Email Address: _____

Position Applied For / Job Title: _____

BACKGROUND CHECK AUTHORIZATION

I hereby authorize **Missionary Leadership Academy** to conduct a background check as part of the employment application process or continued employment. This may include, but is not limited to:

- Criminal history checks
- Employment verification
- Education verification
- Reference checks
- Child safeguarding and suitability checks
- Any other checks permitted by law

I understand that this information will be used solely for employment-related decisions and will be handled confidentially in accordance with applicable laws and school policies.

“Faith-driven leadership. Excellence in education. Service with purpose.”

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CONSENT & ACKNOWLEDGEMENT

I certify that all information I have provided to the school is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from employment or termination.

I release **Missionary Leadership Academy**, its employees, and agents from any liability arising from the lawful collection and use of this information for background screening purposes.

I understand that I may withdraw my consent in writing; however, doing so may affect my eligibility for employment.

APPLICANT / EMPLOYEE DECLARATION

Signature: _____

Printed Name: _____

Date: _____

FOR OFFICE USE ONLY

Background Check Requested By: _____

Date Requested: _____

Results Received: Clear Review Required

Reviewed By: _____