

Sample Background Check–Confidential

(Name of Church)

Church Address, City, State, Zip

Phone

Personal History

Name (Please Print)		Valid Driver's License Number
		State
Previous Names Used (Including Maiden or Married Names)		Social Security Number
Street Address	Apt. #	Are you 25 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Birth date ____/____/____
City, State	Zip Code	Day Phone
E-mail	Evening Phone	Cell Phone
List all addresses, including <u>zip codes</u> or <u>county</u> , where you have lived during the last five years.		

Are you willing to submit to a background check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any charges of a criminal offense pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.		
Have you ever been convicted of or pleaded guilty to child abuse or a crime involving actual or attempted sexual molestation of a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain.		

Do you have any charges of child abuse or molestation pending? Yes No

If yes, please explain.

Have you ever been convicted or are there charges pending for motor vehicle negligence? Yes No

If yes, please explain.

Applicant's Statement *(Please read carefully before signing.)*

I certify that the facts contained on this form are true and complete to the best of my knowledge. During the application process and at any time during any subsequent employment or volunteer time, I hereby authorize _____ *(Name of Church)* to conduct a background check inquiry to include personal and public record information. I specifically release any criminal information repositories, courts, state transportation department, schools and institutions from any liability, so that they may freely and completely respond to any inquiry relating to my character and fitness for working with children/youth. I hereby release all such references including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature in regard to their release of information. I waive any right I may have to inspect any information provided about me by those personal references identified on this application. I understand that any falsifications or omissions may result in my application being rejected or may result in my termination from volunteer service.

Applicant's Signature _____ **Date** _____