

C O N F I D E N T I A L

FIRST BAPTIST CHURCH CRESTVIEW
Background Check Authorization

Area of Ministry/Service: _____

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

Former Name(s) and Dates Used: _____
(Maiden) Year Married

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Drivers License Number/State: _____

Are you a member of First Baptist Church Crestview? _____ Yes Since: _____ No

The information contained in this application is correct to the best of my knowledge. I hereby authorize **First Baptist Church Crestview** 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, employment credit 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 **First Baptist Church Crestview** 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 **First Baptist Church Crestview**, 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.

Signature: _____

Date: _____

1. List any denominations or churches of which you have been a member, including the city and state. List all previous church service, volunteer or paid, you have provided for the last 10 years, and any special gifts and talents. Include approximate dates. *(Attach a separate page, if necessary.)*_____

2. List all your (non-church) previous employers. Include approximate date, organization's name and address, type of work you performed, name of supervisor and phone number. *(Attach a separate page, if necessary.)*

Date:	Organization:	Type of Work:	Supervisor:	Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. List your highest earned academic degree (and/or professional license). Include date, organization's name and address, type of degree (license), and phone number.

Date:	Organization:	Type of Degree:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____

4. Please provide the names and phone numbers of three personal references not related to you.

Name:	Home Phone:	Work Phone:
_____	_____	_____
_____	_____	_____

Because **First Baptist Church Crestview** cares for all persons on our campuses, we ask you to please answer the following questions. We understand the following questions are personal and we will protect your privacy.

Have you ever been charged with or committed a crime (regardless of age), including criminal traffic violations? Yes No

If yes, please explain: *(attach a separate page, if necessary)*

Is there anything in your past or present that would prohibit you from effectively ministering to our church membership? Yes No

If yes, please explain: *(attach a separate page, if necessary)*

Applicant's Signature: _____

Date _____