CHURCH & SCHOOL BACKGROUND CHECK AUTHORIZATION AND DISCLOSURE FORM

Full Legal Name: _____

Maiden Name (if applicable): _____

Other Names or Aliases Used: _____

Date of Birth: _____ Social Security Number: _____

State current driver's license is issued:_____ Drivers license number_____

Email Address: _____

Primary Phone Number:_____

Current Address: _____

_____

How long at this current address?_____Years_____Months

PREVIOUS ADDRESSES (Last Ten Years)

Previous Address #1

Street Address:_____

City: _____ State: _____ ZIP:_____

Dates Resided: From"_____ To_____

Previous Address #2

Street Address:_____

City: _____ State: _____ ZIP:_____

Dates Resided: From _____ To_____

Previous Address #3

Street Address:_____

City: _____ State: _____ ZIP:_____

Dates Resided: From_____ To_____

Have you ever been convicted of, pleaded guilty to, or pleaded no contest to a felony? ☐ Yes ☐ No

If yes, please explain:_____

_____

_____

Have you ever been convicted of, pleaded guilty to, or pleaded no contest to a misdemeanor involving violence, abuse, theft, fraud, drugs, or sexual misconduct? ☐ Yes ☐No

If yes, please explain:_____

_____

_____

Have you ever been listed on a state or national sex offender registry? ☐Yes ☐No

If yes, please explain:_____

_____

_____

Have you ever had allegations of child abuse or neglect made against you? ☐Yes ☐No

If yes, please explain:_____

_____

_____

Have you ever been dismissed, terminated, or asked to resign from employment or volunteer service involving children or vulnerable adults? ☐Yes ☐No

If yes, please explain:_____

_____

_____

AUTHORIZATION FOR BACKGROUND CHECK

_____I authorize Matthew Road Baptist Church and its designated representatives, agents, or authorized screening providers to conduct a comprehensive background investigation to determine my
suitability for employment or volunteer service.

_____I understand that this Background Check may include:

- Criminal history records
- National, state, county, and local criminal searches National and state sex offender registry searches
  Identity verification.
- Social Security number trace (where permitted) Employment history verification
- Education verification Professional license verification
- Personal and professional reference checks Motor vehicle records (if driving is required) Civil court records (where applicable)
- Other lawful public records relevant to the position

_____I authorize all employers, educational institutions, references, licensing agencies, government
agencies, law enforcement agencies, and other persons or organizations to release any information requested for the purpose of this background check.

_____I release all persons and organizations providing such information from liability to the fullest extent
permitted by law.

_____I certify that the information provided on this form is true, complete, and accurate. I understand that providing false, misleading, or incomplete information may result in denial of employment or volunteer service or termination if discovered after I begin serving

_____I understand that the Church/School may conduct periodic background checks during my employment or volunteer service as permitted by law and organizational policy.

_____I have carefully read this Authorization and Disclosure Form and voluntarily agree to its terms.

Applicant Printed Name:_____

Applicant Signature:_____

Date:_____ /_____ / _____