

GRACE BAPTIST CHURCH APPLICATION FOR EMPLOYMENT

Name _____
Last First MI

Present Address _____
Number & Street City State Zip

Daytime Phone _____ Evening Phone _____

Position Desired _____ How did you hear about the position _____

Date you will be available for position _____

Social Security Number _____ Date of Birth _____

In case of emergency, notify _____ Relationship _____

Do you have any special qualifications, skills, or experience that would be of benefit in this position? If yes, please explain. _____

To your knowledge, is there any reason that you would be unable to perform the duties required of this position (such as lifting up to 50 lbs, etc.)? If yes, explain. _____

Employment: List past employers.

EMPLOYER	POSITION	ADDRESS	PHONE

References: List at least three references of people who have first-hand knowledge of your character and personality.

NAME	RELATION	ADDRESS	PHONE

I, _____ (print name), fully understand that my signature
on this application for employment gives Grace Baptist Church
permission to run a complete background check on me.

Date

Signature

AUTHORITY FOR RELEASE OF INFORMATION

Grace Baptist Church, Camden, AR

This application is to be used with paid employees or volunteers working in contact with preschoolers, children or youth.

Grace Baptist Church has an agreement with backgroundchecks.com to verify certain information contained in your application for employment, conditional job offer, and/or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and/or statements made by you. *Please complete all information requested.*

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by backgroundchecks.com. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

Applicant's Legal Name	Last	First	M.I.
Please provide any other name used for prior employment or school that differentiates from the above.	Last	First	M.I.
Street Address:	Apt.#		Social Security Number:
City:	State:	Zip:	Driver's License # & State:
Place of Birth (City, County, State):	Date of Birth (Mo/Day/Yr)		

APPLICANT CONSENT: I understand and agree that backgroundchecks.com will verify all or part of the information I have given my prospective employer. I understand that this verification may include any inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT SIGNATURE	DATE
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