

**BACKGROUND CHECK APPLICATION****Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")**

Legal Name: \_\_\_\_\_

First

Middle

Last

Nickname: \_\_\_\_\_ Other names used (maiden): \_\_\_\_\_

Current address: \_\_\_\_\_ Dates: \_\_\_\_\_

Street/P.O. Box

City

State

Zip Code

Country

Former address: \_\_\_\_\_ Dates: \_\_\_\_\_

Street/P.O. Box

City

State

Zip Code

Country

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Any information indicating that a candidate poses a threat to others or has any prior history of physical or sexual abuse directed against another person will result in the immediate removal of the individual candidate from consideration for a ministry position with this organization.

**BACKGROUND INFORMATION**

The questions below are part of a process that helps us provide a safe and secure environment for our faith community. In caring for the faith community of Ridge Point, we believe it is our responsibility to seek volunteers that are able to provide healthy, safe and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with the pastoral staff.

Have you ever been arrested, convicted or pleaded guilty to a criminal offense? Yes\_\_ No\_\_

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or other? Yes\_\_ No\_\_

Have you ever gone through treatment for alcohol or drug use? Yes\_\_ No\_\_

Has anyone ever suggested that you may have a problem with any of the above? Yes\_\_ No\_\_

Are you using illegal drugs? Yes\_\_ No\_\_

Has there been alcohol abuse, drug abuse, physical or sexual abuse in your family background? Yes\_\_ No\_\_

Are you taking prescription or over the counter drugs? Yes\_\_ No\_\_

Have you ever been treated for psychiatric disorder? Yes\_\_ No\_\_

Have you had any sexual relations with any minor after you became an adult? Yes\_\_ No\_\_

Have you ever been accused, charged or convicted of any form of child abuse or neglect (sexual, physical, etc.)? Yes\_\_ No\_\_

Have you ever been victim of any form of child abuse or neglect (sexual, physical, etc.)? Yes\_\_ No\_\_

If you have been a victim, have you seen a counselor or sought professional treatment regarding this issue? Yes\_\_ No\_\_

Would you be willing to discuss any of the above matters with a pastor or counselor? Yes\_\_ No\_\_

**PERMISSION TO OBTAIN A BACKGROUND CHECK (REQUIRED)****"Notice, Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report"**

This form authorizes the Ridge Point Community Church ("Ridge Point") to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.

I, the undersigned applicant (also known as "consumer"), authorize Ridge Point Community Church through its independent contractor to produce background information (also known as a "consumer report and/or investigate consumer report" about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Ridge Point Community Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_