

GRAND PARKWAY BAPTIST CHURCH
PRESCHOOL, CHILDREN'S & STUDENT MINISTRIES

Permission for Background Check

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

Former Name(s) and Dates Used: _____

Social Security Number: _____ DOB: _____

Drivers License Number/State: _____

Current county of residence _____

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

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

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

WE WILL ALSO NEED TO KEEP A COPY OF YOUR DRIVERS LICENSE/PHOTO ID ON FILE

Is there anything you would like to disclose to us before we have a criminal background check processed on you? No Yes _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Grand Parkway Baptist Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative 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, credit reports, current and previous residences; employment 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.

Grand Parkway Baptist Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature _____ Date _____