

CONFIDENTIAL

*Shirley Hills Baptist Church
Work Application & Background Authorization Form*

Area of Ministry/ Service: _____

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

Maiden Name and Date Changed: _____
(Maiden) Date 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 Shirley Hills Baptist Church? YES Since: NO
(Please circle)

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 5 years, and any special gifts and talents. Include approximate dates. *(Attach a separate page, if necessary).*

2. List all your (non-church) previous employers for the past 5 years. 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:

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4. Provide the names and phone numbers of three personal references not related to you.
Name: _____ Home Phone: _____ Work Phone: _____

5. Because the Church cares for our children and desires to protect them, we ask you to please answer the following questions. We understand the following questions are personal, and we will protect your privacy.

A. Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children or that might cause a child potential harm?

Yes _____ No _____

B. Have you ever been accused of, charged with, indicted for, or convicted of a crime?

Yes _____ No _____

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

C. Other than maiden name if applicable, have you ever been known by any other name? Yes _____ No _____

If yes, please list all other names and the period of time these names were or are used.

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Shirley Hills Baptist Church** 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 **Shirley Hills Baptist Church** 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 **Shirley Hills Baptist Church**, 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: _____