

GRACE BAPTIST CHURCH
Consent to Perform Criminal History/Background Check
In Compliance With the FCRA (FAIR CREDIT REPORTING ACT)

Date: _____

General Information (please print):

Name: _____
Last *First* *Middle*

Phone: _____ Marital Status: _____

Present Address: _____

City _____ State _____ ZIP _____

If you have ever used other names, please provide complete name(s) and date in use:

The following will be used for background checks only and will not be part of the personnel file:

Social Security #: _____ Gender: _____ Race: _____

Date of Birth: _____ Place of Birth: _____

Driver's License #: _____ State: _____

E-mail: _____ Photo ID? Y ___ N ___

Emergency Contact _____ Phone _____

References:

Name: _____ Address: _____ PH: _____

Name: _____ Address: _____ PH: _____

Name: _____ Address: _____ PH: _____

I, _____, am an applicant for employment / volunteer work with Grace Baptist Church and have been advised that, as a part of the application process, the church will conduct a criminal history background check. This also involves online training through www.protectmyministry.com, which will take 1-1/2 to 2 hours to complete and includes a quiz. I will be notified via e-mail about this training with a message from message@veritysecure.com. The Senior Pastor will receive verification when I complete this training. **I agree to have this training completed by end of the year.** I do hereby consent to the church use of any information provided during the application process in performing the criminal history check. The church has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the church/division. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____