



Background Screening Consent Form

COMPLETE ALL INFORMATION, SIGN AND DATE (in areas left blank, print N/A)

I, _____, hereby authorize **First Baptist Wylie** and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with **FBW**.

I release **First Baptist Wylie** and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

FULL NAME (Printed) _____

MAIDEN NAME or OTHER NAMES USED _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ Date of Birth* _____ / _____ / _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

How Long at Present Address? _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW Long at Previous Address? _____

List all states and counties of residence since turning age 18 _____

Circle any of the following states in which you have lived CA, CO, DE, LA, MA, SD, VT, WV, WY

If you have ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense, excluding minor traffic misdemeanors; please explain in writing on back of this page, or inform the minister requiring background screening consent.

If you have ever received deferred adjudication or similar disposition for any federal, state or municipal offense; please explain in writing on back of this page, or inform the minister requiring background screening consent.

DRIVER'S LICENSE NUMBER _____ ISSUING STATE _____

DATE _____

SIGNATURE OF APPLICANT _____

By my signature above, I authorize FBW to request background screening as needed, until I revoke my consent in writing.

*NOTE: This information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. **FBW** abides by all applicable state and federal employment laws.

OFFICE USE ONLY:

MINISTRY AREA REQUESTING BACKGROUND SCREENING:

- Administrative _____
- Preschool _____
- Children _____
- Youth _____
- Missions _____

- Signed & Dated Consent Form
- Background Check Completed
- By: _____
- Follow-up Required
- Yes No
- 2 Year Run Date

Date: _____

Date: _____

Reviewed By: _____

Date: _____