



### 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:**

|   |   |                    |
|---|---|--------------------|
| <input type="checkbox"/> Administrative _____ | <input type="checkbox"/> Signed & Dated Consent Form                        | Date: _____        |
| <input type="checkbox"/> Preschool _____      | <input type="checkbox"/> Background Check Completed                         | Date: _____        |
| <input type="checkbox"/> Children _____       | By: _____   |                    |
| <input type="checkbox"/> Youth _____          | Follow-up Required <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed By: _____ |
| <input type="checkbox"/> Missions _____       | <input type="checkbox"/> 2 Year Run Date                                    | Date: _____        |