

HOPE COMMUNITY CHURCH

Background Screening Consent Form

I, _____, hereby authorize HOPE COMMUNITY CHURCH MOORESTOWN, and/or its agencies, to make an independent investigation of my background, references, character, past employment, education, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records. This is 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 service with HOPE COMMUNITY CHURCH MOORESTOWN.

I release HOPE COMMUNITY CHURCH MOORESTOWN and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards 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 it true and correct to the best of my knowledge:

PERSONAL DATA

First Name: _____ Middle: _____ Last Name: _____

Maiden Name OR other names used: _____

Social Security Number: _____ Date of Birth*: _____

Gender: [Male] [Female] Cell Phone: _____ Home Phone: _____

Driver's License Number: _____ **State of License:** _____

Email Address: _____ Best way to reach me: [cell] [home phone] [e-mail]

Current Address: _____

City: _____ State: _____ ZIP: _____

How long have you live at your current address? _____

Previous Address: _____

City: _____ State: _____ ZIP: _____

How long did you live at your former address? _____

Please list all the states and counties of residence since turning age 18:

Signature of Applicant

Date

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