

BACKGROUND INFORMATION CONSENT FORM

GRACE COVENANT CHURCH and ACADEMY, CORNELIUS, NC
CONFIDENTIAL

Office Use Only

Department: _____

Overseeing Pastor: _____

This form is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This form is to be updated every 3 years.

It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

* Identity must be confirmed with a state driver's license or other photographic identification (attach copy).

Legal Name: _____

Last

First

Middle

Maiden Name or other names used: _____

Present Address: _____

City: _____ State: _____ Zip: _____

How long at present address? _____

Home Phone: _____ Cell phone: _____ Email: _____

Former Address: _____

City: _____ State: _____ Zip: _____

How long at former address? _____

If less than 5 years as NC resident, please provide former counties and states of residence:

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____ State of License Issue: _____

The above information is required for identification purposes only and is in no manner used as qualification for employment.
Grace Covenant Church abides by all applicable state and federal employment laws.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? YES _____ NO _____

If yes, please explain (attach a separate page if necessary): _____

Were you a victim of abuse or molestation while a minor? YES _____ NO _____ UNSURE _____

If you prefer, you may discuss your answer to this question with the senior pastor rather than answering it on the form.
Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for work.

Have you ever practiced homosexuality? YES _____ NO _____

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

Have you ever been convicted of a criminal offense? YES _____ NO _____ If yes, please explain (Attach a separate page if necessary): _____

(Continue on back of page)

Background Check Forms, Cont.

Consumer, Investigative, and Direct Reports Authorization, Disclosure and Release

Name		Social Security no.	Date of birth (mm/dd/yyyy)*
Street address		City	State Zip Code
Driver's license no.	State of issuance	Any other names used	

By signing below, I hereby voluntarily authorize International Church of the Foursquare Gospel d/b/a Cornelius Foursquare Church - 30418 (legal name and code number of church, school, camp) ("Foursquare") to obtain "consumer reports" and "investigative consumer reports" about me from a "consumer reporting agency," and reports Foursquare may obtain directly, and to consider these reports when making decisions regarding my employment/volunteer position or potential position with Foursquare. The nature and scope of these reports are as follows. They may contain information on my character, general reputation, personal characteristics, and mode of living. They may also include, among other things, checks, records and/or information regarding: my criminal convictions (including, without limit, court, sex offender, incarceration and DMV records), social security number, current and prior employer(s)/supervisor(s) and/or references I provided, coworkers, neighbors, friends, associates or acquaintances, and verification of college degrees and professional licenses or certifications.

I understand that I have rights under the Fair Credit Reporting Act (and the California Investigative Consumer Reporting Agencies Act and other California law for California residents, the Government Data Practices for Minnesota residents, the Credit Services Organization Act for Oklahoma residents, the equivalent New York FCRA for New York residents, and the equivalent Maine FCRA for Maine residents) including the rights discussed in the separate disclosure statement(s) provided to me.

I authorize any governmental entity, law enforcement agency, institution, information service bureau, school, employer, supervisor, reference, or other person contacted by Church Volunteer Central (or other selected agency) or Foursquare, or their agents or volunteers, to furnish the information described herein.

I release and discharge from liability all persons, agencies, and entities providing the above information or reports about me to Church Volunteer Central (or other selected agency) and/or Foursquare. To the fullest extent permitted by law, I further release and discharge Foursquare and Church Volunteer Central (or other selected agency), and their agents, employees and volunteers, from any claims, damages, losses, liabilities, costs and/or expense arising from the retrieving and/or reporting of said information, including any consumer report or investigative consumer report.

I acknowledge a copy or telephonic facsimile of this document shall be valid as the original. If I am presently a resident of Maine or New York, I have reviewed the additional state law disclosure information attached.

Signature	Date
-----------	------

If you would like a copy of any investigative consumer report sent to you at your address listed above, please check the box below.

- Yes, I would like to receive a copy of any investigative consumer report which may be obtained on me by a consumer reporting agency.
- If you would like to receive a copy via email, please provide your email address.

Your date of birth is requested to verify the information obtained is about you and not someone with the same or a similar name. It will not be used for employment purposes.