



## Employee and Volunteer Background Check

St. Paul's Lutheran Church, School, and Daycare take seriously its obligation to provide a safe environment for all persons involved in its activities. St. Paul's will conduct a background check to help provide a safe environment for the well-being of its population. Information obtained will be held confidentially and will not necessarily disqualify you from consideration.

Last Name	First Name	Middle Name
Address		City
		Zip
Phone	Driver's License Number	State of License Issued
Date of Birth	Gender	Social Security Number
Previous Address if less than three years		City, State
		Zip
Other names that you have used or been known by:		

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of molestation or sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No

The information contained in this application is correct to the best of my knowledge. I hereby authorize St. Paul's Ev. Lutheran Church, School and Daycare, or its designated agents, to conduct a comprehensive review of my background causing a report to be generated for volunteer or employment purposes. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number, current and previous residences, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to St. Paul's or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

St. Paul's and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For St. Paul's use only.

Applicant approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Verification by:
Notes:			