



# Background Screening Consent

Applicant should complete all relevant information and sign and date the form.  
Please sign all three pages.

I hereby authorize Black Rock Church ("BRC") 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, drug screening, 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 above *Employer*.

I release BRC 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.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

The following is my true and complete legal name and all information provided in this document is true and correct to the best of my knowledge:

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Full SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Yes  No

**If yes, please explain:** \_\_\_\_\_

\*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. The *Employer* abides by all applicable state and federal employment laws.

# Full Executive Background Screening - Consent Pg 2

Must be used with signed Consent Form

This allows consent to perform verification of previous employment history and education/degree verification.

Current Employer (May we contact?) Yes  No

1. **Employer Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Supervisor/Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dates Employed (mo/yr):** \_\_\_\_\_ **Position:** \_\_\_\_\_

2. **Previous Employer:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Supervisor/Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dates Employed (mo/yr):** \_\_\_\_\_ **Position:** \_\_\_\_\_

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## 1. Secondary Education (College, University, Seminary, etc.- high schools not verified)

**School Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Dates Attended (mo/yr):** \_\_\_\_\_

**Degree:** Yes  No  **Major:** \_\_\_\_\_

**Name Enrolled as (if different):** \_\_\_\_\_

## 2. Secondary Education (College, University, Seminary, etc.- High Schools not verified)

**School Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Dates Attended (mo/yr):** \_\_\_\_\_

**Degree:** Yes  No  **Major:** \_\_\_\_\_

**Name when Enrolled (if different):** \_\_\_\_\_

**Full Executive Background Screening - Consent Pg 3**  
**Must be used with signed Consent Form**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a **YES** answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)    Yes     No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

Yes     No     If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?

Yes     No     If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes     No     If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. As of the date of this authorization, do you have any pending criminal charges against you?

Yes     No     If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE FOR THE PAST 7 YEARS.**  
**YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE (If more space is needed, you may attach a page)**

| City  | County | State | Date From | Date To |
|-------|--------|-------|-----------|---------|
| _____ | _____  | _____ | _____     | _____   |
| _____ | _____  | _____ | _____     | _____   |
| _____ | _____  | _____ | _____     | _____   |