



**CHAPEL ROCK CHRISTIAN CHURCH  
BACKGROUND INVESTIGATION CONSENT FORM  
FOR  
DISCOVERY DAYS SUBSTITUTE TEACHERS**

I, \_\_\_\_\_, hereby authorize Chapel Rock Christian Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police 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 service with Discovery Days Preschool.

I acknowledge all information provided by me will be kept confidential and that my personal information will be used solely for the purpose of obtaining verification of my character and fitness to serve as a substitute teacher for Discovery Days Preschool.

I release Chapel Rock Christian Church and/or 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 is true and correct to the best of my knowledge:

Full Name (Printed) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Gender       Male       Female

Present Address \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

This form has been reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

*\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for service. Chapel Rock Christian Church abides by all applicable state and federal employment laws.*

# PROVIDING A SAFE ENVIRONMENT

----- CONFIDENTIAL -----

Complete this form if you will work with children, youth, senior citizens, the developmentally disabled, or you will serve in a counseling position as part of your service to Chapel Rock or Discovery Days.

Are you 18 years of age or older?      YES                       NO

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? (A criminal conviction will not necessarily disqualify you from consideration.)      YES                       NO

If yes, please fully explain here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Training, Experience, Professional Certifications or Licenses

List any additional training or experience you have had that qualifies you for the position you are seeking, including any professional license or certification.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

List below two personal references and their phone numbers who are well acquainted with you. Do not list relatives.

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S STATEMENT – READ CAREFULLY!

In consideration of the receipt and evaluation of this application by the church, I agree and represent that:

The information contained in this application is correct to the best of my knowledge.

I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I (check one of the following two options): **waive**       **do not waive**  any right that I may have to inspect any information provided about me by any person or organization described above.

I have read and understand the above provisions and agree to them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date