



CONFIDENTIAL

Background Check Authorization

For Office Use Only

Department: _____

Ministry: _____

Date Submitted: _____

Date Checked: _____

Please return this completed form to your BelPres contact, in one of the following ways:

Mail: 1717 Bellevue Way NE, Bellevue, WA 98004 **OR Fax:** (425) 637-7081

Please note, email and hand delivery is also acceptable.

Name(s)

Print Name:

_____ (First)

_____ (Middle)

_____ (Last)

Former Name(s):

_____ (First)

_____ (Middle)

_____ (Last)

Dates Former Name Used:

_____ (Year)

to

_____ (Year)

Addresses

Current Address:

_____ (Street)

_____ (City)

_____ (State)

_____ (Zip)

Since:

_____ (Mo/Yr)

Previous Address:

_____ (Street)

_____ (City)

_____ (State)

_____ (Zip)

From:

_____ (Mo/Yr)

Previous Address:

_____ (Street)

_____ (City)

_____ (State)

_____ (Zip)

From:

_____ (Mo/Yr)

Additional Information

Social Security #:

_____ - _____ - _____

DOB: _____

Telephone #:

(_____) _____ - _____

Gender: _____

Driver's License #:

State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Bellevue Presbyterian Church** and its designated agents and representatives to conduct a comprehensive review of my background for employment and/or volunteer purposes. I understand that the scope of the review 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; and any other public records.

Bellevue Presbyterian Church 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, including, but not limited to, addresses, social security numbers, and date of birth.

Signature: _____

Date: _____