



## Church Of The King AUTHORIZATION FORM

During the application process and at any time during the tenure of my employment with Church Of The King, I hereby authorize Choice Point Services Inc., on behalf of Church Of The King to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

*Thank You,  
Church o/the King*

**CHURCH OF THE KING  
Ministry Volunteer Form<sup>1</sup>**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Town or Vill: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

List any qualifications, education or hobbies, interest or skills which help better suit you for this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Aid Training

Yes

No

CPR Training

Yes

No

<sup>1</sup> Background Checks Employment Form (Children and Youth Folder)

What qualities do you have that help you work with children and/or youth?

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Will you be willing to attend periodic training sessions when provided?

Yes  No

Have you ever been charged, convicted of, or pled guilty to a crime, either misdemeanor or a felony (including but not limited to drug related charges, child abuse, crimes of violence, theft, or motor vehicle violations )?  Yes  No

If yes, explain fully:

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List three (3) personal references (persons not related to you).

Name: \_\_\_\_\_

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

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name: \_\_\_\_\_

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

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name: \_\_\_\_\_

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

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the information I have provided on this application is true and correct. I authorize Church Of the King, Queensbury, NY to verify the information I have provided on this application by contacting references and employers I have listed. I authorize the references and employers listed in this application to give the church whatever information they may have regarding my character, fitness for the job for which I have applied. Furthermore, I waive any right I may have to confidentiality.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_