

References & Background Check Authorization for Release of Information

*Must be completed by all individuals who will be working with Children and/or Youth.

*Background Check will only be completed on individuals 18 and older.

-----THIS INFORMATION IS KEPT CONFIDENTIAL-----

Position you are applying for: Volunteer Employee

Applicant Information (Please print legibly.)

Name: _____
Last First Middle Initial

List any other Names used: _____

Date of Birth: (Mo/Day/Year) ____ / ____ / ____

Place of Birth: City: _____ County: _____ State: _____

Current Address: _____
Street City State Zip

Telephone number: (____) _____

List previous addresses within the past five years (attach a separate sheet if necessary).

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Address: _____
Street City State Zip

References

Please provide the names of three individuals (not relatives) who have known you for five years or more and who can provide a reference for you. If you are under the age of 18, you may use the name of a parent and/or teacher. If possible, please include at least one reference from someone in this church. All people listed as references should be informed that you have listed them. We will be contacting them and will need at least two completed Reference Forms on file. References that are acceptable are limited to the following:

- Long-time friend (minimum of 5 years)
- One parent (for minors)
- Teacher (for minors)
- Church member (who has sufficient strength of relationship to comment on the individual's personal habits and character)
- Employer (past or present)
- Co-Worker (past or present)

1. Name: _____ Relationship: _____
Address: _____
Street City State Zip
Home Phone: () _____
Email: _____

2. Name: _____ Relationship: _____
Address: _____
Street City State Zip
Home Phone: () _____
Email: _____

3. Name: _____ Relationship: _____
Address: _____
Street City State Zip
Home Phone: () _____
Email: _____

4. Name: _____ Relationship: _____
Address: _____
Street City State Zip
Home Phone: () _____
Email: _____

Release to do Reference Checks and Background Check (Criminal Records, etc.)

I authorize my references, present and past employers, and all individuals/businesses listed in this application, to give Cornerstone Assembly of God any information, including opinions, they may have regarding my character and fitness for childcare and youth work, or other volunteer ministry or employment.

This release and authorization acknowledges that Cornerstone Assembly of God may now, or at any time while I am employed or work as a volunteer, obtain and use a "consumer report" about me, which may include verification of my education, previous employment/work history, driving record, and criminal record that may be in the files of the federal, state, or local criminal justice agency in any state. A photocopy or fax of this Authorization and Consent for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment or volunteer eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated church personnel.

I authorize a criminal background check organization, and any of their agents or designated company personnel, or a police department to release to Cornerstone Assembly of God any information that pertains to any record of convictions in its file or in any criminal file maintained on me, whether local, state, or national, and to disclose orally and in writing the results of this verification process to authorized representatives.

I do hereby agree to forever release and discharge Cornerstone Assembly of God and their associates, and all such individuals, employers, churches, and organizations, to the full extent permitted by law, from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

In the event that information from the consumer report is utilized in whole or in part in making an adverse decision with regard to my application, before making the adverse decision, Cornerstone Assembly of God will provide me with a copy of the report and a description in writing of my rights under the law.

*I hereby authorize **Cornerstone Assembly of God, 15505 Cinder Road, Beulah, MI 49617** to obtain a consumer and/or criminal report, background check and/or references on me.*

Applicant's Signature _____ Date _____

Applicant's Name Typed or Printed: _____

If a minor, under 18, Signature of Parent _____

-----OFFICE USE-----

Form Received by (Print Name): _____

Received Date: _____

Sent Background Check email on (Date): _____

Received Background Check Report on (Date): _____

Was Background Check Report confirmed as "Clear"? Yes No

Next Step in Screening: _____
