

CONFIDENTIAL

Background Check Authorization

Broken Arrow Church of Christ

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. In compliance with the Child Safety Policy of the Broken Arrow Church of Christ, I hereby authorize the leaders of the congregation to conduct a background check which will result in the verification of my identity and a search of the National Criminal Database and the National Sex Offender Registry. I also authorize the leaders of the Broken Arrow Church of Christ to conduct a motor vehicle record search in the event that such a background check is required in order to operate church-owned vehicles.

**The leaders of the Broken Arrow Church 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 dates of birth.

Signature: _____ Date: _____