



Background Screening Application

The purpose of the background screening application is to provide Freedom Christian Center with a tool that will help to provide a safe and secure environment.

Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ email: _____

APPLICANT'S STATEMENT:

1. Is there now or have there been circumstances or patterns in your life that would make it inappropriate for you assist at Freedom Christian Center? Yes No
2. Have you ever been convicted of, or plead guilty to, a criminal offense? Yes No
(Excluding traffic violations)

The information contained on this form is correct to the best of my knowledge. By my signature below, I hereby authorize any local, state or federal law enforcement authorities, any public or private institutions, employers or other organizations, both collectively and individually (those parties to be collectively referred to herein as "Released Parties"), to release to Freedom Christian Center representatives any information that they may have regarding my background.

I hereby release and hold harmless Freedom Christian Center and any Released Parties, including their records custodians from any and all claims or causes of action of whatever nature which may at any time arise as the result of good faith efforts by representatives of Freedom Christian Center and or the Released Parties to collect, disseminate or use information about me as it relates to my background.

I understand that this is a legally binding statement. I further state that **I have read this release and know the contents thereof and I sign this release as my own free act.**

Applicant's Signature: _____

Date: _____

Maiden Name: _____

Print Any Aliases: _____

Social Security Number (*needed for background screening*): _____

Date of Birth: _____

State(s) you have been a resident of, other than Florida: _____
