

**CONFIDENTIAL**

**Center of Praise Ministries  
Background Check Authorization**

Area of Ministry / Service: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_  
(Maiden) Year Married

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

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

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

Primary Phone Number: \_\_\_\_\_

Driver's License Number AND State: \_\_\_\_\_

Are you a member of C.O.P.? \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Center of Praise Ministries of Sacramento, CA** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Center of Praise Ministries** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. **\*\*Center of Praise Ministries** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

- I wish to receive a copy of any Background Check Report on me that is requested by Center of Praise Ministries. Please send my report:
- Via Email: \_\_\_\_\_
- Via US Mail to current address noted above.

*(continued on Page 2)*

1. List any denominations or churches of which you have been a member, including the city and state. List all previous church service, volunteer or paid, you have provided for the last 10 years, and any special gifts and talents. Include approximate dates. *(attach a separate page, if necessary)*

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

2. List last two non-church previous employers. Include approximate date, organization’s name and address, type of work you performed, name of supervisor and phone number. *(attach a separate page, if necessary)*

Date:          Organization:          Position:          Supervisor:          Phone:  
\_\_\_\_\_  
\_\_\_\_\_

3. List your highest earned academic degree (and/or professional license). Include date, organization’s name and address, type of degree (license), and phone number.

Date:          Organization:          Type of Degree:          Phone:  
\_\_\_\_\_

4. Please provide the names and phone numbers of two personal references not related to you.

Name:                                  Primary Phone:                                  Secondary Phone:  
\_\_\_\_\_  
\_\_\_\_\_

5. Because **Center of Praise Ministries** cares for all persons on our campuses, we ask you to please answer the following questions. We understand the following questions are personal and we will protect your privacy.

a. Have you ever been arrested for, charged with, convicted of, and/or pled guilty to a crime (regardless of age), either a misdemeanor or a felony, including, but not limited to, drug-related charges, child abuse or other crimes of violence, theft or motor vehicle violations, minor and/or criminal traffic violations?     Yes     No

If yes, please explain: *(attach a separate page, if necessary)* \_\_\_\_\_  
\_\_\_\_\_

b. Have you ever been exposed to an incident of child abuse or neglect?     Yes     No

If yes, please explain: *(attach a separate page, if necessary)* \_\_\_\_\_  
\_\_\_\_\_

c. Are you currently being or have you been treated for drug and alcohol abuse?     Yes     No

If yes, please explain: *(attach a separate page, if necessary)* \_\_\_\_\_  
\_\_\_\_\_

d. Is there anything in your past or present that would prohibit you from effectively ministering to our church membership?     Yes     No

If yes, please explain: *(attach a separate page, if necessary)* \_\_\_\_\_  
\_\_\_\_\_

**Applicant’s Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_