



RAUSCHENBUSCH METRO MINISTRIES AND METRO BAPTIST CHURCH

Application and Consent to perform a history/background check
in compliance with the FCRA (Fair Credit Reporting Act)

PERSONAL INFORMATION

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence

Address APT #

City County State Zip

Last Grade Level Achieved: Year Completed:

Date of Birth* Social Security Number* Gender* Race*

Drivers License Number* State of Issue*

*Information to be used for criminal history checks only and not a part of the personnel file

EMERGENCY CONTACT INFORMATION

Name Relationship

Phone(s)

MEDICAL
INFORMATION

Allergies

Medical Conditions

Do you have any of the following communicable medical conditions?

Tuberculosis (TB) Hepatitis A, B, or C Other: _____

BACKGROUND
INFORMATION

YES _____ NO _____ Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense (exclude minor traffic misdemeanors)? If yes, please provide details below.

State	County	Date of Offense
-------	--------	-----------------

Details of conviction:

YES _____ NO _____ Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal offense? If yes, please provide details below.

State	County	Date of Offense
-------	--------	-----------------

Details of offense:

YES _____ NO _____ Have you ever received probation or community supervision for and federal, state, or municipal offense? If yes, please provide details below.

State	County	Date of Offense
-------	--------	-----------------

Details of supervision:

YES _____ NO _____ Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country	City	Date of Offense
Details of conviction:		

YES _____ NO _____ As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State	County	Date of Offense
Details of pending charges:		

YES _____ NO _____ Do you have any conditions in your history or currently that would preclude you from being able to fulfill the responsibilities of your employment/volunteer placement? If yes, please explain.

Please list all counties and states of residence since high school graduation or age 18.

City/Town	County	State	Years Lived

CONSENT

I, _____, am an applicant for employment/volunteer service with Rauschenbusch Metro Ministries (RMM) and/or Metro Baptist Church (MBC). As a part of the application process, I have been advised that RMM and MBC will conduct a criminal history check. I do hereby consent to the use of any and all information provided to RMM and MBC in the application to be used in the criminal history/background check.

I hereby certify that all information provided in this form is true, correct, and complete. If any information proves to be incorrect or incomplete, I understand that grounds for canceling of any and all offers of employment/volunteer service will exist and may be used at the discretion of Rauschenbusch Metro Ministries and/or Metro Baptist Church

Applicant (Print Name)

Applicant (Signature)

Date