

**AUTHORIZATION FOR BACKGROUND CHECK**

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

**FOR EMPLOYEES/LEADERS/VOLUNTEERS AT BELLA VISTA CHRISTIAN CHURCH**

<b>1</b>	<input type="checkbox"/> <b>Employee,</b> <input type="checkbox"/> <b>Leader</b> <input type="checkbox"/> <b>Volunteer</b>	of:	<input type="checkbox"/> Church staff <input type="checkbox"/> MOPS <input type="checkbox"/> VBS	<input type="checkbox"/> Children's Ministries <input type="checkbox"/> Student Ministries	<input type="checkbox"/> Other _____
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**PERSONAL INFORMATION**

<b>2</b>	Last Name/First Name/Middle Name _____				Social Security Number ____-____-____							
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____ _____				Telephone (Including Area Code) (____) _____-_____ Have you lived outside of Arkansas in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	CURRENT ADDRESS: Street/Apt.#: _____ City: _____ State: _____ Zip Code: _____ Zip + 4 _____ County: _____				List all previous addresses for the past five (5) years. (Street/Apt.#/City/County/State/Zip Code)      Dates From/To _____ _____ _____							
	Date of Birth (Month/Date/Year) ____-____-____	Age	Place of Birth (City and State)	Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other, Specify	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In.	Weight (lbs.)	Hair (color)	Eyes (color)	Skin Tone	Race	
Drivers License #								Drivers License Issue State				

**AUTHORIZATION /CERTIFICATION**

<b>3</b>	<p><b>The following information will be kept strictly confidential. Please note that answering "Yes" to either of the following questions will not necessarily preclude employment or serving as a leader or volunteer.</b></p> <p><b>Have you ever been convicted of other than a minor traffic violation?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Have you ever been indicated as perpetrator in a child abuse/neglect investigation?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If the answer to either of the above is yes, explain: _____</p>									
	<p><b>I certify that I have read and understood the Authorization/Certification/Waiver box on the back page of this form.</b></p>									
	SIGNATURE _____					DATE _____				
<p><b>BACKGROUND RESULTS</b></p> <p>Sex Offender Clearance: _____      National Clearance: _____</p>										

<b>4</b>	<p><b>TO BE COMPLETED BY CHURCH DESIGNEE</b></p>									
	<p>This authorization form will not be processed without completion of this section</p>									
	Signature of Church Contact  Gail Brashinger.					Phone Number of Church Contact  (479) 855-1616				
<p>Street/City/Zip      103 Riordan Road Bella Vista, AR 72715</p>										

**PLEASE REVIEW AND SIGN OTHER SIDE OF FORM**

## INSTRUCTIONS FOR COMPLETION OF BVCC 200 AUTHORIZATION FOR BACKGROUND CHECK

**WHO SHOULD USE THIS FORM:** This form must be completed by employees, leaders or volunteers who work in a church.

### SECTIONS 1, 2 AND 3 - COMPLETION OF IDENTIFICATION INFORMATION

BVCC must instruct every person subject to a background check to complete the first three sections identifying the role they will have at the church and all personal information. All identifying information must be accurate and complete.

### PRINT ALL INFORMATION

Name Current and all former names used by the individual must be included. If no other names, write "none."  
Social Security No. **THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY NUMBER**  
Address Current and all addresses, including county, where the person has lived in the past five years  
(If outside of Arkansas, check appropriate box)  
Race : Enter all codes that apply

BL/AA	Black or African American
WHITE	White
AI/AN	American Indian or Alaskan Native
ASIAN	Asian
NH/PI	Native Hawaiian or Other Pacific Islander
UNDET	Undetermined
HISP ORG	Indicate whether the individual is of Hispanic origin

Each Person must answer the question "Have you ever been convicted of other than minor traffic violation?" If yes, an explanation must be provided --- complete with date of the incident(s).

The person completing the identification information must sign and date page 1 of the authorization form and also the Authorization/Certification/Waiver below:

### AUTHORIZATION/CERTIFICATION/WAIVER

I AUTHORIZE Choice Point Workplace Solutions, Inc. to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the investigation company to request information and assistance from the U.S. Justice Department and the Arkansas Law Enforcement in the conduct of this investigation. I authorize the investigation company to periodically search the Child Abuse and Neglect Tracking System to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. The child abuse and neglect background check and the criminal history investigation may be used for considering an application for prospective employment, or service as a leader or volunteer at Bella Vista Christian Church.

If it becomes necessary, I consent and authorize taking of my fingerprints to ensure there is no fabrication of identity or background information.

I understand that information obtained as a result of my authorizing this investigation is confidential and may be shared with the Chairman of the Elder board and the church designee at Bella Vista Christian Church only, in accordance with applicable state and federal law. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny my application for employment, leadership or volunteer services or may result in the termination of my employment, leadership or volunteer services.

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

### SECTION 4 - EMPLOYER

The Authorization for Background Check must be submitted to BVCC for completion of Section 4 and to check the form for completeness and accuracy before being passed to Choice Point Workplace Solutions, Inc.

Employer must complete the following:

Name of Church Contact:

Phone Number of Church Contact:

Street/City/Zip: