



Mount Hope Baptist Church

Background Check Form



This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed from on file for at least two years after requesting a background check.

Please Print or Type

Name: _____
(Last) (First) (Middle) (Suffix Jr. Sr, Etc.)

Other Names Used (Maiden, Aliases): _____

Date of Birth: ____/____/____

Current Address (to include city/state/zip): _____

Previous Address (to include city/state/zip): _____

Select Ministry: Children's Ministry The Standard Sunday School Other _____

I understand that in connection with my application, Mount Hope Baptist Church may use an outside agency to research and verify the information I have provided on my application. This agency will provide a report to Mount Hope Baptist Church.

I understand that the outside agency will obtain information it deems appropriate from various sources including, but not limited to, the following: criminal conviction records, Department of Motor Vehicle records, military records, school records, credit reporting agencies, current and past employers, and professional and personal references. I authorize, without reservation, any individual, corporation or other private or public entity to furnish Mount Hope Baptist Church all information about me.

This authorization and consent, in original, faxed, photocopied or electronic form, shall be valid for this and any future reports and updates that may be requested by Mount Hope Baptist Church.

Applicant's Signature: _____ **Dated:** ____/____/____

Printed Full Name: _____

For Staff Use Only

Background check conducted by: _____

Date completed: ____/____/____

Background Check Recommendation: Eligible Ineligible