



# FBC Smithfield Background Check Authorization and Consent Form



Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix: Jr, Sr, etc.)

Other Names Used: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Required for screening) (mm/dd/yyyy)

How long have you been involved in the life of FBC Smithfield? \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ CDL: Yes No  
If you have a valid CDL, would you be willing to drive for FBC events if needed: Yes No

\_\_\_\_ I understand that in connection with my application for employment or to volunteer with children and/or youth, FBC Smithfield may use an outside agency to research and verify the information I have provided on this application. This agency will provide a report to FBC Smithfield.

\_\_\_\_ I understand that the outside agency will obtain information it deems appropriate from various sources, but not limited to, the following: current and past employers, criminal records, driving history records, military records, school records, and professional and personal references.

\_\_\_\_ I authorize, without reservation, any individual, corporation or other private or public entity to furnish FBC Smithfield all information about me.

\_\_\_\_ I certify that this application was completed by me, I received, read and agree to the terms set forth in this application and the Policy on Child and Youth Safety and Volunteer Screening, and that all of the information on this form is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts called for herein will result in my disqualification from further consideration as an employee/volunteer. I understand that this employee/volunteer FBC Smithfield Authorization and Consent form is not valid without my signature.

\_\_\_\_ I understand that it is my responsibility as an employee/volunteer of FBC Smithfield, to notify them immediately should any information on this form change.

\_\_\_\_ 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 FBC Smithfield.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



First Baptist Church Smithfield  
202 S. 4<sup>th</sup> Street ~ Smithfield, NC 27577  
Worship God. Teach the Word. Serve our Community  
[www.fbcsmithfield.org](http://www.fbcsmithfield.org)

