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## Background Check Request Form

*Please print and complete the entire form*

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

Name: \_\_\_\_\_  
                                Last                                  First                                  Middle

Alias [other name you go by]: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***If you have lived at your current address for less than 5 years, please list your previous address. [If there is more than one, please use the back of this sheet.]***

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please completely read and sign the back of this form.**

*After completing this form, turn it in to the church office.*

**~ Applicant Statement and Signature ~**

The information contained in this application is correct to the best of my knowledge, and I extend authorization to Owasso First Assembly of God or its representatives to verify the information on this form.

I, undersigned, also give my authorization and permission to Owasso First Assembly of God or its representatives to check my criminal history in all states and countries. Owasso First Assembly of God may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a children or youth worker.

Should my application be accepted, I agree to be bound by the Owasso First Assembly of God Constitution and Bylaws and policies, and to refrain from unscriptural conduct in my life and in the performance of my services on behalf of the church.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_