

Background Profile



2801 SE Maricamp Rd.
Ocala, FL 34471
352.629.5683

APPLICANT CHECKLIST (For office use only)

NAME: _____

Employee

Interview Date: _____ By: _____

Reference checks: () phone () mail () () ()

Work reference: _____

Background Check Ordered:

_____ BTI _____ 3-D Background
_____ Marion County

Position: _____

Start Date: _____

Volunteer

Date Joined FBC: _____ Member for 6 Months: () yes () no

Background Check date: _____

Reference Checks: by mail () () ()

This form is to be completed by all persons desiring to be employed by First Baptist Church or volunteer in a ministry position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment in which to work and/or minister. **Please fully complete form. PLEASE PRINT.**

NAME: _____ DATE: _____
Last First Middle

ADDRESS _____
Street City State Zip

How long at above address? _____ If less than seven years, give previous address and number of years:

Previous Address: _____ # years _____

Home phone: _____ Work phone: _____ Social Security Number ____ - ____ - ____

E-mail Address _____

Emergency Contact: Name _____ Relationship: _____

Phone: _____ Do you have a personal relationship with Jesus Christ? _____

Briefly describe _____

Institutional References: Must be over 18 and **NOT** related to you. Please include **mailing** address.
(References need to be people who supervise(d) your work with minors or members of FBC Ocala other than employment supervisors.)

1. Name: _____ Phone: _____

Mailing Address: _____ City/State _____ Zip _____

2. Name: _____ Phone: _____

Mailing Address: _____ City/State _____ Zip _____

3. Name: _____ Phone: _____

Mailing Address: _____ City/State _____ Zip _____

The following questions are part of our interview process that helps to ensure a safe and secure work/ministry environment. All information is held in strict confidence by the church. Answering yes to any of the questions may not necessarily preclude your employment or involvement in ministry. Should you refuse to answer any of these questions, please be prepared to discuss them in confidence with a minister.

° For those who will be working with minors, or volunteering in a ministry to minors: Have you had any painful experiences in your life that have better equipped you for productive employment/ministry? () yes () no

Would these experiences hinder you from productive employment /ministry? () yes () no

Were you a victim of abuse or molestation while a minor? () yes () no

° For all those desiring to be employed or volunteer at First Baptist: Are there any circumstances involving your lifestyle or

- ° Have you ever been convicted for use or sale of drugs? () yes () no
- ° Have you ever been arrested for a criminal offense excluding minor traffic violations? () yes () no
- ° Have you ever been arrested or convicted for any sexually related crimes? () yes () no
- ° Have you ever been arrested or convicted for any abuse related crimes? () yes () no

If you answered yes to any of the preceding questions, please explain: _____

Would you prefer to meet with a pastor regarding this circumstance? () yes () no

Volunteers Only

Do you attend First Baptist? () yes () no If not, where do you attend? _____

If so, how long? _____ Are you a member? () yes () no If so, how long? _____

In what area of ministry do you desire to be involved? () children () youth Age/Grade preference _____

List all previous church work or other leadership/volunteer work involving minors. Identify place and type of work with supervisors' names. _____

List any gifts, training, education or other factors that have prepared you to work with minors.

Please list other ministry areas in which you are involved.

AUTHORITY FOR RELEASE OF INFORMATION FOR PRE-EMPLOYMENT & VOLUNTEER SCREENING

First Baptist Church of Ocala, Florida

The information requested below is necessary to completely verify the information contained in your application for volunteer work or in the interview process. This information will be used for the sole purpose of verification of information and/or statements made by you.

Please complete ALL requested information.

Name	First	Middle	Last	Date:
Street Address	Apt. #		Home Phone	Social Security Number
City	State		Zip	Driver's License Number
Place of Birth (City, County, State):				Date of Birth (Mo/Day/Yr)

It is possible that First Baptist Church Ocala may determine your acceptance for volunteer work or employment by using data from a report supplied by a third party vendor. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

Information regarding disclosure of your Social Security Number under 6552a.5 U.S.C., if applicable. Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, processes that you are seeking. The SSN is used as an identifier throughout your career from the time of application through retirement. It will be used primarily to identify your records that you file. The SSN also will be used in connection with lawful requests for information about you from your former employers, educational institutions and other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration process carried out in accordance with established regulations and published notices of systems of records. The use of the SSN is made necessary because of the large number of employees and applicants who have identical names and birth dates and whose identities can only be distinguished by the SSN.

Applicant Waiver Form

1. I agree and understand that all the information and statements on my application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for my immediate termination at any time during my employment.

In connection with this request, I authorize all corporations, companies, credit agencies, government agencies, persons, educational institutions, law enforcement agencies and former employers to release information they may have about me, and release them from any liability and responsibility from doing so; further, I authorize the procurement of an investigative consumer report and understand that such report may contain information as to my background, mode of living, character, personal reputation and driving records. This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

2. I hereby authorize investigation of all statements at this time with no liability arising there from.

3. Should my application be accepted, I agree to follow the policies of First Baptist Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I understand that the personal information will be held confidential.

Applicant's Signature: _____ Date: _____