

## Participation Covenant Statement and Background Screen

To affirm that you have read, understood, and agrees to abide by the attached "Safe Sanctuaries Policy" please complete the following consent to a background screen.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Other Names/Maiden/Alias \_\_\_\_\_

Social Security\*# \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (mo/day/year)

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Present Address \_\_\_\_\_

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

County \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

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

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: <u>Cindy Davidson</u>		Email: <u>cindy@hollandsumc.org</u>	
Phone: <u>919-772-5294</u>		Fax: <u>1-919-772-0754</u>	
<input type="checkbox"/> Package A ST-Criminal ST-Sexual Offender Index	<input type="checkbox"/> Package B ST-Criminal NW-Sexual Offender Index	<input type="checkbox"/> Package C NW-Sexual Offender Index NW Record Indicator with SOI Residency History ST-Criminal	<input type="checkbox"/>