

Background Check

Request for Criminal History and Central Registry Check

Personal Information

NAME

First _____ Middle _____ Last _____

Home Address _____

City, State, Zip _____

County _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Gender Male Female

Drivers License Number _____ State _____

Social Security Number _____

Relationship of person to requestor: Staff Director Volunteer Licensed Administrator

Date Hired _____

Race White Black Asian/Pacific Islander American Indian/Alaskan Native

Hispanic Other _____

Other Names used (married, maiden, etc.)

First Name _____ Last Name _____

First Name _____ Last Name _____

You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous five years, you must also list previous address(es) outside of Texas, including the county.

Address _____
Street/PO Box City State Zip Code County
Dates

Address _____
Street/PO Box City State Zip Code County
Dates

Address _____
Street/PO Box City State Zip Code County
Dates

I give permission for Salem Lutheran Church and School to request any and all background checks needed as required by Salem Lutheran Church, Salem Lutheran School, Salem Lutheran Early Childhood.

Applicant Signature _____ Date _____

