

# DestinyLife Church

## Criminal Records Background Check

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Name

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Social Security Number

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Date of Birth

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Print Maiden Name (if applicable)

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Print all Aliases

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Place of Birth

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Current Street Address

### APPLICANTS STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character. I hereby release any individuals, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, heirs, or family on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the policies of DestinyLife Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand. I realize that any falsified information may lead to rejection of my application and disqualify me from participating in ministry at DestinyLife Church.

Applicant's Signature

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Date