

# WESTBURY BAPTIST CHURCH

## RECREATION MINISTRY

10425 Hillcroft, Houston, Texas 77096

713-723-6428

www.wbchouston.org

DAY CAMP

•Inquiry Release Form•

NAME OF APPLICANT \_\_\_\_\_

YEAR \_\_\_\_\_

APPLYING FOR POSITION OF \_\_\_\_\_

### Please Print Information

Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Maiden Name (If applicable) or Previous Names \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ County/State of Birth \_\_\_\_\_

### Address/ Information (last 10 years only)

Current Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Yrs. There from: \_\_\_\_\_ to \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Yrs. There from: \_\_\_\_\_ to \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Yrs. There from: \_\_\_\_\_ to \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Yrs. There from: \_\_\_\_\_ to \_\_\_\_\_

In connection with my agreement with the above organization, Westbury Baptist Church, I understand that investigative background inquiries MAY be made on me, including but not limited to, consumer credit history, criminal conviction history and driving record history, and other such reports that may exhibit information on my character, work habits, performance, education, and experience, along with reasons for termination of employment from previous employers, where such information exists. Furthermore, I understand and consent to the fact that Westbury Baptist Church will be requesting information from various Federal, State, and other such agencies which maintain civil history and other background.

I herby authorize, without reservation, any party or agency contracted by Westbury Baptist Church as a condition of employment to furnish the above listed information and to release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in it's original, faxed, or copied form.

Furthermore, I herby verify the authenticity of all personal information pertaining to myself for the exclusive purpose of employment consideration.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_