

Background Check Information Form

Pennsylvania State Criminal Record & Sex Offender Registry

Please fill out ENTIRE form

Full Legal Name _____ Gender _____

Maiden/Former Name (if applicable) _____

Preferred Name _____

Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____

I hereby authorize Trinity Evangelical Lutheran Church to conduct a criminal background check using the information on this form. I further agree that I am not disqualified from employment or service related to working with children, due to a prior conviction in any other jurisdiction. I understand that should that status change during the course of my service I am required by law to notify Trinity Lutheran Church within 72 hours. I affirm that all information provided here is true and correct.

Signature _____ Date _____

Current Address _____

City/State/Zip _____

Home# _____ - _____ - _____

Cell# _____ - _____ - _____

Work# _____ - _____ - _____

Email _____

Previous Addresses:

You must provide all previous address(es) for past 20 (20) years. If current address has been the same for 10 (ten) or more years, list one prior address. Attach a separate sheet if necessary.

Previous Address _____

City/State/Zip _____

Previous Address _____

City/State/Zip _____

Previous Address _____

City/State/Zip _____

Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.

First and Last Name	Relationship to You