

Candlelight Background Check Application

All information will be kept confidential by Candlelight Staff

This application needs to be approved by our Executive Pastor and the Elder Board and will require a background check with the local, state and national authorities.

Today's Date: _____ Ministry applying for: _____
Last Name: _____ First Name: _____
Maiden Name: _____ Gender: Male Female
Spouse's Last Name: _____ Spouse's First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell #: _____
Email: _____ Social Security #: _____
Date of Birth: _____ Driver's License #: _____ State: _____
Occupation: _____ Employed by: _____
How long have you attended Candlelight? _____ Are you a member of Candlelight? Yes No

Personal References:

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____

Background Information:

It is our desire to make the members at Candlelight and the people we serve in the community as safe and secure as possible. We therefore ask the following voluntary questions and will run a thorough background check through local law enforcement programs. If you have information you would rather discuss in person, or have an objection to a police background check, please speak to us in person.

In the past year, have you abused or been addicted to either of the following substances?

Illegal drugs: Yes No Alcohol: Yes No

Have you ever been hospitalized or treated for alcohol or drug abuse? Yes No

The information contained in this application is correct to the best of my knowledge. I authorize Candlelight Christian Fellowship to contact any references given in this application, and I give my permission to have a background check run with the local, state and national authorities.

Signature: _____ Date: _____

Check here if you are under 18 years of age and have your parent/guardian sign and date below

Signature of Parent or Guardian: _____ Date: _____

-----Official Use Only-----

Received By: _____ Date Received: _____

Approved By: _____ Date Approved: _____

Not Approved By: _____ Date Not Approved: _____

Reason Not Approved: _____

Internal Purposes Only: Security/Background Check Completed: _____

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www.candlelightfellowship.org

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