

CHRIST MEMORIAL CHURCH CHURCH WORKER REAUTHORIZATION FORM

*This application is to be completed by all applicants for any position (volunteer or compensated)
who have not previously authorized continuous background checks.*

Date of Application _____ Driver's License Number _____

Applicant's LEGAL Name _____
LAST FIRST MIDDLE

Date of Birth _____ Social Security Number _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

APPLICANT'S 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 they may have regarding my character and fitness for work with children and students, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I hereby consent to a Criminal History Check on myself from the Washington State Patrol (or any such agency as Christ Memorial Church determines) to be conducted both initially and periodically as determined by CMC.

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of CMC, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I understand that each position serves "at will" of the employer, and that I may be dismissed without cause.

PURSUANT TO RCW 90A.72.085, I certify under penalty or perjury under the laws of the State of Washington that the foregoing statement is true and correct.

Applicant's Signature _____ Date _____

