



As a part of our application process, we require a background check for every applicant. When we receive your completed form, we will email you a link to the secure background check portal.

- Yes, I understand and am able to follow the link to complete my background check online.
- No, I would prefer a paper background check form. (Please fill out info below.)

PERSONAL INFORMATION

FULL LEGAL NAME

First:

Middle : I have no legal middle name

Last :

Other names used; maiden name :

Date of Birth: (MM/DD/YYYY) Required for identification purposes only

Email:

Social Security Number:

Phone Number:

ADDRESS INFORMATION (Please complete with your past 5 years of address history)

CURRENT ADDRESS SINCE: / / (MM/DD/YYYY)

Street, Apt, etc.

City State Zip

PREVIOUS ADDRESS: From: / / To: / / (MM/DD/YYYY)

Street, Apt, etc.

City State Zip

PREVIOUS ADDRESS: From: / / To: / / (MM/DD/YYYY)

Street, Apt, etc.

City State Zip

PREVIOUS ADDRESS: From: / / To: / / (MM/DD/YYYY)

Street, Apt, etc.

City State Zip

PREVIOUS ADDRESS: From: / / To: / / (MM/DD/YYYY)

Street, Apt, etc.

City State Zip



APPLICATION QUESTIONS

Have you ever terminated your employment, had your employment terminated, or ever been reprimanded for reasons relating to allegations of physical or sexual abuse or harassment by you?

Yes No

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?

Yes No

If you answered yes to any of the above, please provide further explanation.

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I give New Life permission to run a background check and certify that all personal information entered above is true and accurate.

Signature: Date: