



OAK CLIFF  
BIBLE FELLOWSHIP

1808 W. Camp Wisdom Road, Dallas, TX 75232  
214-672-9100

**Background Check Authorization**

**For OCBF Staff use only:**  Employee Applicant  Volunteer Applicant  Client

Name of OCBF staff member requesting processing of this background check:

Print First Name \_\_\_\_\_ Print Last Name \_\_\_\_\_ Signature \_\_\_\_\_

**If volunteer, check the ministry area you are applying to sever in:**

- Children's Ministry
- Fellowship Christian Academy
- The Turn Around Agenda
- Other:

**APPLICANT INFORMATION (PLEASE PRINT)**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last (Maiden/other names used) \_\_\_\_\_

Social Security \_\_\_\_\_ D.O.B \_\_\_\_\_  Male  Female

Driver License Number \_\_\_\_\_ or State ID # \_\_\_\_\_ State Issued \_\_\_\_\_ h \_\_\_\_\_ V

**Addresses within the Past Seven Years**

Current Street Address \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Prior Street Address \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/ Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/ Year)

Prior Street Address \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/ Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/ Year)

Prior Street Address \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/ Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/ Year)

Prior Street Address \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/ Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/ Year)



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## CRIMINAL HISTORY

1. Have you ever been convicted or plead guilty before a court for any federal, state, or municipal criminal offense?  Yes  No

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of Conviction:

2. Have you ever received deferred adjudication or similar disposition for any federal, state, or criminal offense?  Yes  No

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of Conviction:

3. Have you ever received probation or community supervision for any federal state or municipal offense?  Yes  No

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of Supervision:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?  Yes  No

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of Conviction:

5. As of the date of this consent form, do you have any pending charges against you?

Yes  No

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of Pending Charges:

This information contained in this application is correct to the best of my knowledge. I hereby authorize **Oak Cliff Bible Fellowship** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and /or an investigative consumer report to be generated for employee and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, education background, character references, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.



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I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Oak Cliff Bible Fellowship** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Oak Cliff Bible Fellowship** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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**Applicant Print Name**

**Date**

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**Applicant's Signature**

**Date**

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**Parent/Legal Guardian Signature**

**Date**