

REQUIRED SIGNATURE: It is understood that we will be invoiced by the Presbytery office for the background check being submitted below. _____

(Clerk or person who can approve expense)

Date: _____

Complete and mail to: Presbytery de Cristo
4141 E. Thomas Rd, Phoenix, 85018
OR FAX: 602-468-3824

(please do not send by email as Social Security numbers are included)

**De Cristo Background Check Form
(Background Check will not be run without
Church official signature Above ↑)**

Church Name: _____

Position being Applied for: _____

Church Contact/ email: _____

Circle One: Volunteer Paid Staff

APPLICANT INFORMATION

***I hereby grant permission to run the necessary background checks required for employment.**

Applicant Signature: _____

*Last Name _____ First Name _____

Middle Name _____ Name Suffix _____

(Junior, Senior, First, Second, Third, Fourth, etc)

Other Last Names: _____ Other First Names _____

Other Middle Initials _____ *Gender _____

*Social Security Number _____ *Date of Birth _____

*Address _____

Apartment # _____ *City _____

*State _____ *Zip Code _____

County _____ Phone _____

Drivers License State _____ DL # _____

*Previous Address _____

Apartment # _____ *City _____

*State _____ *Zip Code _____

County _____ *Phone _____

*Drivers License State _____ *DL # _____

*Mother's Maiden Name _____

**NOTICE: Effective
October 1, 2018**

All background checks run by the Presbytery will be the Praesidium Package, consisting of:

- Confidence Multi State Criminal & National Sex Offender Database Search
- County Criminal Search

The church will be invoiced \$12 for this service. If you require other checks, there are additional fees. (see page below)

EDUCATION INFORMATION

School Name _____

Address 1 _____

City _____ State _____ Zip _____

School Name _____

Address 1 _____

City _____ State _____ Zip _____

Employment Verification

Company Name _____

Address 1 _____

City _____ State _____ Zip _____

Position _____ Start/End Dates _____

Contact _____ Telephone _____

Income _____ Income Type (Annual, Hourly, Weekly, etc)

Company Name _____

Address 1 _____

City _____ State _____ Zip _____

Position _____ Start/End Dates _____

Contact _____ Telephone _____

Income _____ Income Type (Annual, Hourly, Weekly, etc)

Company Name _____

Address 1 _____

City _____ State _____ Zip _____

Position _____ Start/End Dates _____

Contact _____ Telephone _____

Income _____ Income Type (Annual, Hourly, Weekly, etc)

* Required Fields

Praesidium Services and Pricing –

Program Feature	Churches & Camps Eligibility & Costs	
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On-Line Training	IB Program Participants	IB Program Member (non-participant)
Subsidy 100%	On-Line Training - \$0.00 Free!	On-Line Training - \$0.00 Free!
	Armatus suite, including “Meet Sam”, “It Happened to Me”, “How to Keep Your Church (Camp) Safe” and additional courses including sexual harassment and other abuse prevention topics.	Armatus suite, including “Meet Sam”, “It Happened to Me”, “How to Keep Your Church (Camp) Safe” and additional courses including sexual harassment and other abuse prevention topics.
Background Checking	IB Program Participants	IB Program Member (non-participant)
Subsidy 50% to IB Program Participants	Basic - \$5 (church default unless higher level requested)	Basic - \$10 (church default unless higher level requested)
	Confidence - \$6.25	Confidence - \$12.50
	Praesidium - \$12.00 (plus County fees if any)	Praesidium - \$24.00 (plus County fees if any)
	Motor Vehicle Records Search - \$2.50 plus applicable State fees.	Motor Vehicle Records Search - \$5.00 plus applicable State fees.
Subsidy 0% Services billed according to Praesidium schedules	Additional County Criminal Records Search - \$12.00 (plus Country fees); one County included in Praesidium level. Education Verification - \$15.00 Professional License Verification - \$16.50/degree AppliScan™ - \$35.00/application ViaCheck™ -- \$25/applicant	

Eligibility –

Participating Church or Camp – An entity which currently is insured under the Insurance Board package property and liability insurance program. Each has a unique Insurance Board Number (IB#) shown on its Memorandum of Insurance after the policy number.

Member Entity – A church, camp or governing body of the United Church of Christ, Christian Church (Disciples of Christ) or Presbyterian Church (USA) currently insured by other insurance companies.