

Background-Check Data Collection

Today's Date _____

First Name _____ Middle Name _____ Last
Name _____

Please List Other Name Used _____

Home Address _____

City _____ County _____

State _____ Zip _____

SSN: _____

D/L or State ID Number _____ State Issued _____

Email Address _____

Full DOB _____

All information given will be held as confidential and only used for the ordering of a background check. Please look for an email after turning this information into Jol Klein from **Protect My Ministry**. They will be asking for information to complete the background check!

Thank you for wanting to serve at Cross Point

