

FOR OFFICE USE	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not Approved
WSP	Date: _____
Trak - 1	Date: _____
_____ <i>Supervisor's Initials</i>	



**Notice of Background Checks, Consent, and Authorization**

**Please read the following paragraphs and complete the information below.**

Gateway Fellowship/Gateway Christian Schools values the safety of our employees and those we serve. Accordingly, Gateway Fellowship/Gateway Christian Schools conducts criminal background checks through the Department of Social & Health Services, Washington State Patrol, and Trak-1 (multi-state) for employees and volunteers.

In consideration for my future or continued employment or volunteer services with Gateway Fellowship/Gateway Christian Schools, I agree to submit to Gateway's investigative background inquiry. This inquiry may include criminal history information as indicated above, motor vehicle reports, social security number verification and other federal and local reports from Washington and other states where I may have resided. If I have unsupervised access to children and have resided in Washington State for less than 3 years, I understand State Patrol/FBI fingerprint checking may also be required.

I understand that before I am denied consideration for future or continued employment or volunteer services based on the investigation results, I will be provided a copy of the report (under the Fair Credit Reporting Act), along with an opportunity to dispute its findings or otherwise address the information contained therein within three (3) business days of receipt. **Information obtained will remain confidential on a need-to-know basis, and be available only to those performing the background investigation or making employment related decisions.**

By signing below, I authorize Gateway Fellowship/Gateway Christian Schools to obtain investigative information as specified above, from any agency, at any time, during my employment or volunteerism. I understand that any misrepresentation, falsification, or omission of facts herein may be grounds for immediate termination or disqualification.

**Place an 'X' in each area that applies to you:** Employment Status:  Employee  Volunteer

Ministry Area:  Church  Gateway Learning Center  North Kitsap Preschool  Gateway Schools (K-12)

Schools Department:  Elementary  Secondary  Sports  Office/Admissions  Host Family

**PERSONAL INFORMATION (All sections must be completed)**

Ministry \_\_\_\_\_ Position \_\_\_\_\_

Name in Full (Last, First, Middle) \_\_\_\_\_

Maiden Name or Alias \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Previous States of Residence as an Adult \_\_\_\_\_ Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

**PLEASE COMPLETE IF YOUR JOB WILL BE WITH MINORS**

Have you lived in Washington State for less than three (3) years?  Yes  No

Have you ever been accused of and convicted of a crime?  Yes  No

- If yes, please include an explanation on a separate sheet of paper.

Have you ever been accused of, participated in, or been convicted of child sexual abuse?  Yes  No

- If yes, please include an explanation on a separate sheet of paper.

Have you ever had findings made against you in any civil adjudicative proceeding?  Yes  No

- If yes, please include an explanation on a separate sheet of paper.

Have you ever had both a conviction and findings made against you?  Yes  No

- If yes, please include an explanation on a separate sheet of paper.

The above information is correct and up to date. I fully understand the purpose and contents of this document and authorize the investigative background inquiries.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_