

Christ the King Catholic Church & School

Background Request Form

Date of Request: _____ Requested by (Staff Name): _____

Choose One: _____ Choose One: _____

Work with children 4 or more times per year? Choose One: _____

Applicant Full Legal Name (as in appears on your Passport, Social Security Card, or Driver's License):

First Name	Middle Name	Last Name
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Applicant Email: _____ Applicant Phone Number: _____

Do you have a Social Security Number? Choose One: _____
If no, you will be contacted by staff. (Please do not provide us with your SSN.)

Applicant Authorization

I authorize Christ the King Catholic Church to complete a background check for my employment or volunteer service.

Applicant Signature: _____ Date: _____

IMPORTANT, PLEASE READ!!

Applicant will receive an email from BackgroundCheck@Praesidiuminc.com providing a link to complete the secure background check application online. If applicant does not see an email from the above address, applicant should check their junk and spam email folders. **Applicant will have 5 calendar days to respond to the email before the link/request expires.**

The cost of the background check is **\$15**, payable to Christ the King Catholic Church. I understand that I am responsible for paying the cost of the background check.

Applicant Signature: _____ Date: _____

For further information or questions, please contact Adrienne Farrow at (503) 785-2407, or youth@ctk.cc.