



the riverside children's arts center
a ministry of riverside avenue christian church



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**AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES (WORKING WITH CHILDREN)**

**I understand that the RIVERSIDE CHILDREN'S ARTS CENTER of
RIVERSIDE AVENUE CHRISTIAN CHURCH will conduct a criminal
background check on applicants for employment positions working with children.
I further understand that I must provide the following information so the
background check may be done:**

Full Name: _____

Birthday (month, day, year): _____

Social Security Number: _____

Drivers License Number and state of issue: _____

**I understand any potential offer of employment will be contingent upon passing
the background screening. Additionally, I understand that if employed by the
RIVERSIDE CHILDREN'S ARTS CENTER of RIVERSIDE AVENUE
CHRISTIAN CHURCH, I will be subject to random drug testing.**

**I hereby authorize the RIVERSIDE CHILDREN'S ARTS CENTER of
RIVERSIDE AVENUE CHRISTIAN CHURCH to conduct a comprehensive
review of my background to ascertain my suitability for working with children.**

Signature: _____ **Date:** _____