

< CHURCH NAME >
SCREENING QUESTIONNAIRE

Applicant Questionnaire

The < Church Name > has established policies concerning professional conduct in order to maintain a healthy work and worship environment. Our commitment to these policies requires that we conduct a background investigation of persons prior to employment or service in certain positions at the < Church Name >. **The communications with your schools, employers, congregations and religious supervisors will make it clear that our inquiry is being made to comply with our employment and screening policies and not because we suspect that you are, or have been, involved in inappropriate conduct.**

As part of this process, we require each person to answer a series of questions which are, of necessity, intimate in nature. If you do not understand the question, please call < Primary/Secondary Church Contact >, < Title >, at < Phone >. You must answer all questions. Your answers will be kept as part of our confidential files. Please complete and return the questionnaire directly to the address below as soon as possible. We know you may have concerns about who will have access to the information from the background investigation. < Primary Church Contact >, < Title > will be the person who reviews the information. In most cases no one else will have access to it. However, the < Church Name > reserves the right to share the information with others who it determines have a need to know or whom the < Church Name > determines it is legally obligated to disclose information.

Please supply the names, addresses and, if available, telephone numbers of the following on the enclosed "Identification Form:"

- * All schools you attended since high school for at least one quarter/semester or more in the past **< number > years**.
- * All those who employed you, or organizations you have served in the past **< number > years**. If you have been at your current position for more than < number > years, please provide your two most recent employers/organizations. You should consider yourself to have been "employed" by any entity for which you provided substantial services, whether or not you were paid for those services.
- * All religious supervisors (Bishops, District Supervisors, Executive/Area Ministers, etc.), past and present, having authority or supervisory responsibility over you (include the dates each had authority/responsibility). Only ordained persons should complete this section.

AUTHORIZATION / RELEASE

I understand and agree that a background investigation may be conducted with respect to me, and that the information I have provided the < Church Name > may be verified by contacting persons and organizations with whom I have had contact or which may have information concerning me. I agree to release from liability and damages the < Church Name > and its agent(s) who conduct and participate in any such review and those individuals, organizations and their agent(s) who provide information about me during this review, only to the extent that such information is released without malicious intent. All materials pertaining to the background check shall be the property of the < Church Name >. I authorize all such persons to treat a photocopy of this Authorization as though it were an original, executed Authorization.

Dated this _____ day of _____ 20 ____ at _____
(City, State)

(Social Security Number)

(Signature)

(Please Print Name)

Please return this questionnaire to:

Oxford Document Management Company, Inc.
Post Office Box 29631
Minneapolis, MN 55429

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Please circle either "yes" or "no" for each question. If the answer to any of the following questions is "yes," please indicate the question number, provide relevant information regarding your response and indicate resolution of the issues, if any. Use the back of this form or additional paper if necessary.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, or educational/training institution? No Yes

Have there been written complaints against you that did not result in discipline? No Yes

Are there complaints pending against you before any of the above
-named bodies? No Yes
2. Have you ever been subjected to church disciplinary proceedings? No Yes
3. Have you ever been asked to resign or been terminated by a training program or employer? No Yes
4. Have you ever had a civil suit brought against you relative to your professional work or is any such pending? No Yes

Have you ever had professional malpractice insurance suspended or revoked for any reason? No Yes
5. Have you ever been charged¹ with any ethics violation or are any such actions pending against you? No Yes
6. Have you ever been charged with having sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were seeing in a professional context (e.g., a parishioner, a client, a patient, an employee, a subordinate, a student)? No Yes

- | | | |
|---|----|-----|
| 7. Since the age of 21, have you ever been charged with engaging in sexual behavior (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age? | No | Yes |
| 8. Have you ever been charged with the production, sale, or distribution of pornographic materials? | No | Yes |
| 9. Have you ever been charged or adjudicated with sexual misconduct, including | | |
| * abuse of power or role for sexual purposes | No | Yes |
| * sexual contact with a minor or an adult incompetent to give consent? | No | Yes |
| * sexual assault (e.g., rape) | No | Yes |
| * solicitation for sexual purposes (e.g., prostitution) | No | Yes |
| * an offense related to pornography or public indecency (e.g., indecent exposure) | No | Yes |

1 **Throughout** this document, “charged” indicates allegations made in writing and known to you.

10. Have you ever been charged with an offense related to sexual harassment, including unwelcome
- * sexual advances No Yes
 - * requests for sexual favors No Yes
 - * sexually motivated physical contact No Yes
 - * verbal or physical domination of a sexual nature No Yes
11. Do you have a history of alcohol abuse? No Yes
12. Do you have a history of drug abuse with any other drugs: recreational, prescription, over-the-counter, or illicit? No Yes
13. Have you ever been charged, arrested, or convicted of any felonies or misdemeanors? No Yes
- Have you ever been legally charged with DUI or DWI? No Yes
- Has your driver's license ever been revoked or suspended? No Yes
14. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? No Yes
- Have you ever had your parental rights restricted, suspended or terminated or have any of your children been put into foster care? No Yes
15. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity? No Yes

STATEMENT OF APPLICANT: (Please read carefully before signing)

I certify, to the best of my knowledge, that all information given by me in this Screening Questionnaire is true and correct. I understand that false or misleading statements made by me or consequential omissions of any kind in this Screening Questionnaire are sufficient cause for my not being further considered or being accepted as a employee/volunteer or for my dismissal no matter when discovered, or from discontinuation of consideration for ordination, if applicable.

I understand and I agree that I will notify the church office immediately of any changes in the status of my licensure, censure or sanction by professional bodies, or in any information reported above.

Name (please print) _____ Date _____

Signature ____ at ____