

BACKGROUND INFORMATION

How long have you attended Mt. Zion? _____

List previous church work involving minors during the past 10 years. Include dates of work, church's name and location, and ministry you were involved in.

Have you ever been convicted of or pleaded guilty or no contest to a crime? (other than a minor traffic violation)

No Yes (if yes, please explain):

Are you now under any charges of a criminal offense?

No Yes (if yes, please explain):

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting, or battering any child or adult?

No Yes (if yes, please explain):

Have you ever voluntarily left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct with minors?

No Yes (if yes, please explain):

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of Mt. Zion Church?

No Yes (if yes, please explain):

Were you the victim of abuse or molestation while a minor?

- No Yes (if yes, please explain):

Note: If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with a pastor rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify you for children's or youth ministry.

EMPLOYMENT HISTORY

Present Employer		
Supervisor		
Address		
City	State	Zip
Position		
Employment Dates:	Starting date	Ending date

If you have been employed at this position for less than 2 years, provide information for your previous employment.

Former Employer		
Supervisor		
Address		
City	State	Zip
Position		
Employment Dates:	Starting date	Ending date

REFERENCES

List three people that you know who meet the following criteria: 1) Is over 18. 2) Is not related to you. 3) Has known you for more than 1 year, and 4) Has definite knowledge of your character. Please include **ONLY ONE**, if any, reference from Mt. Zion.

ONE

Name	Nature of association
Occupation	Length of time known
Address	
Home Phone ()	Work Phone ()

TWO

Name	Nature of association
Occupation	Length of time known
Address	
Home Phone ()	Work Phone ()

THREE

Name	Nature of association
Occupation	Length of time known
Address	
Home Phone ()	Work Phone ()

PREVIOUS ADDRESS

If you have lived at your current address for less than 5 years, provide information on previous address.

Address		
City	State	Zip
Dates	From:	To:

SPIRITUAL JOURNEY

Whether we are devoted believers or still in the process of investigation, we all have a spiritual history. Please take a few moments to describe your journey thus far.

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references, organizations, or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work with youth or children. In consideration of the receipt and evaluation of this application by Mt. Zion Church, Inc., I hereby release any individual, church, organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact Mt. Zion Church to inquire about information provided about me.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I **HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement that I have read and understand.

Applicant's Signature: _____ Date: _____

Place this application in the attached envelope to protect your privacy and return to Church Administrator's box or give to Pastor Paul. You can also mail it to the address below.

Mt. Zion Church
Attn: Church Administrator
428 Shepherd Rd.
Xenia, OH 45385

A background check is to be completed on all applicants for any position (volunteer or compensated) involving interaction with minors. This authorization and any information obtained in the report will be treated with the utmost of confidentiality and kept in a secure area at all times. Only the Church Administrator will have access to it. Information will be given to the pastoral staff on a need to know basis.

**AUTHORIZATION FOR
MT. ZION CHURCH, INC. TO ACCESS
INVESTIGATIVE REPORTS**

I hereby authorize, without reservation, the obtaining of investigative reports by Mt. Zion Church, Inc. at any time after receipt of this authorization and throughout my volunteer service or employment, if applicable. I further authorize and request, without reservation, any police department, county, state or federal agency, division of motor vehicles, having knowledge about me to furnish Mt. Zion Church, Inc. with any and all background information in their possession regarding me, so that my volunteer or employment qualifications may be evaluated and/or reassessed.

By signing below, I certify: (1) that I have read and fully understand this authorization; (2) that all of the information I am providing is true, complete, correct and accurate.

The following is information required in order for Mount Zion Church, Inc. to obtain a complete investigative report:

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER	ISSUING STATE
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	
_____	_____
VOLUNTEER/EMPLOYEE SIGNATURE	DATE

* This information will be used for background screening purposes only.