

# CONFIDENTIAL APPLICANT QUESTIONNAIRE

**INSTRUCTIONS** This form is to be completed by all individuals within designated ministries at First Baptist Church of Oneonta. The completion of this form is an essential part of our effort to provide a safe environment for our church. The information in the form will be utilized to ensure that we meet legal requirements in an effort to protect our church.

If additional space is needed to completely respond to questions, simply write, "See attachment," and write the question number and add the additional information on a separate blank sheet of paper.

The information you provide will be held in confidence. It will be kept in a secure place with access limited only to the established authorities. Neither the information nor the form will be disclosed beyond what is reasonably necessary or legally required.

## I. PERSONAL INFORMATION

Full legal name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of time at present address: \_\_\_\_\_

Former street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Length of time at former address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of License: \_\_\_\_\_

Have you ever used or been known by other names (including a maiden name)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what other name or names might you have gone by or been known by?

\_\_\_\_\_

## II. CHURCH MEMBERSHIP AND VOLUNTEER WORK HISTORY

Name of church where you hold membership: \_\_\_\_\_

Denomination: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Full Address: \_\_\_\_\_

Dates as Member (month/year): from \_\_\_\_\_ to \_\_\_\_\_

What volunteer services did you perform, especially those working with children or youth?

\_\_\_\_\_

\_\_\_\_\_

Name of prior church where you held membership: \_\_\_\_\_

Denomination: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Full Address: \_\_\_\_\_

Dates as Member (month/year): from \_\_\_\_\_ to \_\_\_\_\_

What volunteer services did you perform, especially those working with children or youth?

\_\_\_\_\_

\_\_\_\_\_

### III. EMPLOYMENT HISTORY

Full Name of Current Employer: \_\_\_\_\_  
Employer's Complete Address: \_\_\_\_\_  
Employment Dates (month/year): from \_\_\_\_\_ to \_\_\_\_\_  
Did/does your work involve youth/children? \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
What type of work did/ do you perform? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Current Employment is less than five (5) years:

Full Name of Previous Employer: \_\_\_\_\_  
Previous Employer's Complete Address: \_\_\_\_\_  
Employment Dates (month/year): from \_\_\_\_\_ to \_\_\_\_\_  
Did your work involve youth/children? \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
What type of work did you perform? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. CHARACTER REFERENCES (Do not list relatives)

Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship with Reference: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
How long known: \_\_\_\_\_ Reference's Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship with Reference: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
How long known: \_\_\_\_\_ Reference's Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship with Reference: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
How long known: \_\_\_\_\_ Reference's Occupation: \_\_\_\_\_

### V. PERSONAL QUESTIONS

Because of case law regarding ministry, it is mandatory that all individuals answer these questions. If you would prefer to meet with a member of the Ministry Protection Committee prior to answering these questions, simply mark your desire for a conference and turn in the form. Because of reasons that can involve increased risk of personal liability to certain individuals, our policies prohibit any individual from serving within the church until this form has been completed and approved.

Would you prefer a personal conference? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been accused of, arrested for, or charged with molesting or abusing a child, or accused of, arrested for, or charged with physical assault or sexual offenses of any nature?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the nature of the accusation, arrest, charge or conviction, when the event occurred and identify the state or federal authority that was involved in the situation, and state the outcome of the accusation, arrest, or charge. (This information will be protected and kept confidential among only critical people involved in the child/youth ministry programs who are trained on protecting such information.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to see what volunteer ministries you might be able to engage in at the church, we need to know if you have ever been accused, arrested, convicted, or entered a deferral agreement or plea in regards to any crime or serious driving offense, and, if so, we need for you to give us full details.

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I hereby certify that I have answered the above questionnaire and my answers are true and correct to the best of my knowledge. I agree to be bound by the bylaws and policies of First Baptist Church of Oneonta and to be subject to the leadership of the Church.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Witness' Name (Please Print)

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

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# **AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION**

**Authorization to Obtain Personal Information** I, \_\_\_\_\_, have completed the Confidential Applicant Questionnaire for First Baptist Church of Oneonta (hereinafter "the Church"). I hereby authorize the Church acting through its duly appointed agents to inquire into my background with prior churches, employers, schools, personal references or any other person or entity that may have material information on me. This authority extends, but is not limited to, obtaining any information from churches, associates, schools and colleges, residential management agents, current or prior employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest or conviction records.

**Authorization to Release Information** I authorize and direct anyone who receives a verbal or written request for information from the Church to give any information (including opinions) that they may have to the Church as to me, my character and fitness for Christian work. Recipients of such a request from the Church are authorized to answer any of the Church's questions and to release any requested documentation, forms or information to the Church, whether the information is oral or in writing.

**Release of Liability** Of my own free will and intent, I release, hold harmless, and indemnify any individual, church, company, agency or other person with whom the Church conducts an inquiry, including record custodians, both collectively and individually, from any and all liability for any damages, attorney's fees and costs, of whatever kind of nature that I, my heirs, or family may allege happened to, or were suffered by me at any time, due to said individual or entity conveying information about me in compliance, or attempting to comply, with said request for information pursuant to this authorization.

I have carefully read this Authorization for Release of Background Information and sign it under my own free will with the intent that it is relied upon by any person or entity that receives it from the Church. A photocopy of this Authorization for Release shall be as effective as the original. The Authorization for Release is not limited as to time, but shall not be used for other than as required for church protection and safety.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Witness' Name (Please Print)

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

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date