

For Parish/Diocese Use Only (Please Print):

Authorized by: \_\_\_\_\_

Parish/City: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Candidate is applying for: \_\_\_\_\_

Package selection:      \*Priest/Ordained                      \*Administrative Staff w/ Credit Check  
(circle one)              \$78.00    \$55.00

                                 \*Administrative Staff w/o Credit Check  
                                 \$50.00

*(plus any applicable fees such as Motor Vehicle, Employment, Education, County)*

**Please do not send payment in advance, you will be invoice. Advance payments will be returned to sender.**

**Background Screening Consent Form for the Diocese of East Carolina  
and**

\_\_\_\_\_  
**(Parish/City)**

I, \_\_\_\_\_, hereby authorize the Episcopal Diocese of East Carolina and \_\_\_\_\_ (Parish/City) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with \_\_\_\_\_.

I release the Episcopal Diocese of East Carolina and \_\_\_\_\_ (Parish/City), and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge (Please Print):

Full Legal Name: \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PERSONAL INFORMATION:**

Social Security Number: \_\_\_\_\_ \*Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

How long at Present Address? \_\_\_\_\_

Former Address \_\_\_\_\_

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

How long at Former Address? \_\_\_\_\_

Please list all states and counties of residence since turning age 18:

<b>City/Town</b>	<b>County</b>	<b>State</b>	<b>Dates From</b>	<b>Dates To</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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**IDENTIFICATION OF SCHOOLS, EMPLOYERS, CONGREGATIONS AND BISHOPS:**

**Instructions**

*Please complete on this form any that apply, use additional pages if necessary.*

A. All educational institutions you have attended for at least one quarter/semester.

B. All those who employed you, or congregations you have served in the past 5 years. If you have been at your current position for more that 5 years, please provide you two most recent employers/congregations. You should consider yourself to have been “employed” by any entity for which you provided substantial services, whether you whether or not you were paid for those services.

C. ***For ordained persons only.*** All bishops, past and present, who have had canonically authority over you.

**Educational Institutions**

1. Name of Education Institution \_\_\_\_\_

Your Name while attending: \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

2. Name of Education Institution \_\_\_\_\_

Your Name while attending: \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

3. Name of Education Institution \_\_\_\_\_

Your Name while attending: \_\_\_\_\_

Contact Person \_\_\_\_\_

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Address \_\_\_\_\_

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

Dates Attended: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

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**Employers/\*Congregations**

*\*Note: Lay employees should only list congregations if they were employed there.*

Current Employer/\*Congregation \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

Dates Attended: From \_\_\_\_/\_\_\_\_ To Present Phone: \_\_\_\_\_

1. Former Employer/\*Congregation \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

Dates Attended: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

2. Former Employer/\*Congregation \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

Dates Attended: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

**Bishops**  
*(For Ordained Persons)*

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1. Name of Bishop \_\_\_\_\_ Diocese \_\_\_\_\_

Address \_\_\_\_\_

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

Dates of Canonical Residence: From \_\_\_\_\_ To \_\_\_\_\_

2. Name of Bishop \_\_\_\_\_ Diocese \_\_\_\_\_

Address \_\_\_\_\_

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

Dates of Canonical Residence: From \_\_\_\_\_ To \_\_\_\_\_

***(Attach additional pages if necessary)***

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*\*Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. The Diocese of East Carolina abides by all applicable state and federal employment laws.*

### **Episcopal Diocese of East Carolina Screening Questionnaire**

The Episcopal Diocese of East Carolina follows established policies concerning professional conduct to ensure the safety and well being of all those in an Episcopal work and worship environment. One piece of this policy requires that an appropriate background investigation be conducted for all persons in the diocese that meet the criteria of the policy. Therefore you are asked to complete the following series of questions which are, of necessity, intimate in nature. If you do not understand the questions or would like to discuss your answer further, please call: Jimi Paderick at 252-522-0885 ext. 233 and she will either assist you or direct your call to the appropriate person.

Please circle either yes or no for each question. If you circle yes to any question please give an explanation and any resolution of the issue. If additional spacing is required, please write on a separate sheet of paper listing the question number first.. ***Note: Throughout this document, “charged,” indicates allegations made in writing and known to you.***

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

If yes, please explain:

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2. Have there been formal complaints against you that did not result in discipline? Yes No

If yes, please explain:

3. Are there complaints pending against you before any of the bodies mentioned in question one? Yes No

If yes, please explain:

4. Have you ever been asked to resign or been terminated by a training program or employer? Yes No

If yes, please explain:

5. Have you ever had a civil suit brought against you relative to your professional work or is any such pending? Yes No

If yes, please explain:

6. Have you every had professional malpractice insurance suspended or revoked for any reason? Yes No

If yes, please explain:

7. Have you ever been charged with any ethics violation or are any such actions pending against you? Yes No

If yes, please explain:

8. 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)? Yes No

If yes, please explain:

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9. Since the age of 21, have you have 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? Yes No

If yes, please explain:

10. Have you now or have your ever been involved in the production, sale or distribution of pornographic materials? Yes No

If yes, please explain:

11. Have you ever been charged or adjudicated with sexual misconduct, including

*abuse of power or role for sexual purposes	Yes	No
*sexual contact with a minor or an adult incompetent to give consent?	Yes	No
*sexual assault (e.g., rape)	Yes	No
*solicitation for sexual purposes (e.g., prostitution)	Yes	No
*an offense related to pornography/public indecency (e.g., indecent exposure)	Yes	No

If yes to any, please explain:

12. Have you ever been charged with an offense related to sexual harassment, including unwelcome

*sexual advances	Yes	No
*requests for sexual favors	Yes	No
*sexually motivated physical contact	Yes	No
*verbal or physical domination of a sexual nature	Yes	No

If yes, please explain:

13. Do you have a history of alcohol abuse? Yes No

If yes, please explain:

14. Do you have a history of drug abuse with any other drugs; recreational, prescription, over-the-counter, or illicit? Yes No

If yes, please explain:

15. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors?

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Have you ever been charged with a moving traffic violation? Yes No

Have you every had your parental rights restricted, suspended or terminated or have any of your children been put into foster care? Yes No

If yes to any of the above, please explain:

16. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity? Yes No

If yes, please explain:

**For ordained persons only:**

1. Have you ever been subject to ecclesiastical disciplinary proceedings of the or the recipient of a "godly admonition?" Yes No

If yes, please explain.

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STATEMENT OF APPLICANT: (Please read carefully before signing)

All information submitted by me in this questionnaire is true and complete to the best of my knowledge. I understand that any significant misstatement in, or in omission from, this questionnaire may cause for denial of further consideration in consideration for employment, ordination process, search process or be cause for canonical procedures.

I understand and I agree that I will notify the Bishop's Office immediately of any changes in the status of my licensure, censure or sanction by professional bodies, or in my information reported above, and of any other information relating to my ability to act in any capacity in the Diocese of East Carolina.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**MAIL TO:**

Diocese of East Carolina  
Attn: Jimi Paderick  
Post Office Box 1336  
Kinston, NC 28503