



## CCSW PERSONAL DISCLOSURE FORM

Please Note: This form will become part of your permanent ministry record in the Christian Church (Disciples of Christ) in the Southwest.

Name [print legibly or type]: \_\_\_\_\_  
Last Name                      First Name                      Middle/Maiden Name

Other names by which I have been known: \_\_\_\_\_

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Circle One

Yes / No      Have you ever had your standing in the Christian Church (Disciples of Christ) *terminated* or *suspended*?

Yes / No      Have you ever *resigned* or *voluntarily relinquished* your standing in the Christian Church (Disciples of Christ)?

Yes / No      Have you ever had your standing *reinstated* in the Christian Church (Disciples of Christ)?

Yes / No      Are you currently the subject of disciplinary proceedings in the Christian Church (Disciples of Christ)?

Yes / No      Have you ever been subject to disciplinary proceedings of another denomination or church body in which you were accused of personal misbehavior or misconduct?

Yes / No      At any time in the last ten years has your driver's license been suspended or revoked?

Yes / No      Have you ever been convicted or pled *nolo contendere* to a criminal charge involving sexual conduct?

Yes / No      Have you ever been convicted of or pled *nolo contendere* to a felony?

Yes / No      Have you ever been accused of sexual misconduct (e.g. sexual assault, sexual harassment, sexual exploitation) in any previous employment, as a volunteer, by criminal authorities or in any other context?

For any "YES" response above, please describe the facts and circumstances. Use additional paper and attach to this form.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature



## Background Verification Release Form

### AGENCY INFORMATION

Date	Agency Name <i>Christian Church (Disciples of Christ) in the Southwest</i>		
Contact Name <i>Office Manager</i>			
Agency's Main Phone Number <i>817-926-4687</i>		Agency's Fax Number <i>817-831-4446</i>	

### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used	
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued
Position Applied For				
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)