

## Application SCREENING FORM

Please fill out the screening form completely, taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to the form.

Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

If you have ever used other names, such as married or maiden names, please provide the names and dates of use.

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

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

Are you over the age of 19?  Yes  No

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

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

Home Telephone Number: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Date you are available to start: \_\_\_\_\_

**EDUCATIONAL/PROFESSIONAL QUALIFICATIONS:**

Academic achievements: (Schools attended, degrees earned, dates of completion)

Professional organizations:

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

\_\_\_\_\_  
*License Number*

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

\_\_\_\_\_  
*License Number*

First aid training?  Yes  No      Date Completed? \_\_\_\_\_

CPR training?  Yes  No      Date Completed? \_\_\_\_\_

**PREVIOUS WORK EXPERIENCE:** Please list your previous employers or volunteer service from the past five years, including the name and address of the company or employer, your position, and the dates of your service.

Employer Name	Address	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHILD CARE EXPERIENCE:** Please explain any experience you have in providing safe, secure, and nurturing care for children ages 0 -3 years.

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**REFERENCES:** Please list three individuals to whom you are not related by blood or marriage and who have known you for at least five years.

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ *Daytime Number* \_\_\_\_\_ *Daytime Number*

Relationship to Reference: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ *Daytime Number* \_\_\_\_\_ *Daytime Number*

Relationship to Reference: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ *Daytime Number* \_\_\_\_\_ *Daytime Number*

Relationship to Reference: \_\_\_\_\_

**BACKGROUND INFORMATION:**

1. Have you ever been *convicted of* or *pled guilty to* committing a crime involving the abuse or endangerment of children? Yes  No

If you answered “yes” to the above question, we regret to inform you that you are not eligible to serve in our children’s ministry.

2. Have you ever been or are you currently *charged* with committing a crime involving the abuse or endangerment of children? Yes  No

If you answered “yes,” please explain:

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3. Have you ever been or are you currently being *investigated* by a governmental agency for the abuse or endangerment of children? Yes  No

If you answered “yes,” please explain:

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4. Have you ever been, or are you currently, involved in any illegal or unethical financial dealings? Yes  No

If you answered "yes," please explain:

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5. Have you ever been convicted of or pled guilty to a crime involving a drug related charge, a crime of violence, theft, or criminal negligence? Yes  No

If you answered "yes," please explain:

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6. Have you ever been sued for negligence with regard to caring for or supervising children?

Yes  No  If you answered "yes," please explain: \_\_\_\_\_

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7. Will you commit to pray for New Hope Baptist Church that God will work in the lives of the children, guide and direct the leadership, and protect all those involved? Yes  No

If you answered "no," please explain:

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*I hereby certify that the information I have provided on this application is true and complete. I authorize this church to verify the information I have provided on this application by contacting the references, churches, and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give the church whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.*

*In consideration of the receipt and evaluation of this application by New Hope Baptist Church, I hereby release any individual, church, youth 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 compliance or any attempts to comply, with this authorization.*

*Should my application be accepted, I agree to abide by and be bound by the policies and the moral and spiritual teachings of New Hope Baptist Church and to refrain from unscriptural conduct in the performance of my duties on behalf of the church and its ministries.*

*I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion. I understand that any omission from or misinformation in the application may result in the rejection of my application or my dismissal from service if I have already been given my position.*

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Signature of Applicant

Date