**APPLICATION FOR PARISH MINISTRY and SCREENING**

**St. Paul’s Episcopal Church**

**Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For what position or ministry are you applying**

**What interests you about the position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What have prepared you for this position? (Christian formation only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When did you start attending St. Paul’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**References:**

**Civic**

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

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you known this person \_\_\_\_\_\_\_\_\_\_**

**Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal**

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

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you known this person \_\_\_\_\_\_\_\_\_\_**

**Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Reference**

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

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you known this person \_\_\_\_\_\_\_\_\_\_**

**Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTICE – BACKGROUND INVESTIGATION**

**St. Paul’s Episcopal Church**

**Southington CT 06489**

In connection with your employment or volunteer work St. Paul’s Episcopal Church, Southington notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment or volunteer (safe church) purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Church and Active Screening Faith 3853 Northdale Blvd, Ste 362 Tampa, FL 33624; Phone: 1-866-378-8389. For information about Active Screening Faith’s privacy practices, see [www.activescreeningfaith.com](http://www.activescreeningfaith.com). The scope of this notice and below authorization is not limited to the present and, if you are hired or volunteer, will continue throughout the course of your employment or safe church certification and allow the Church to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Church at any time after receipt of this authorization and throughout the course of my employment, if applicable.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature if under age 18

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Collection Form

St. Paul’s Episcopal Church

145 Main St.

Southington CT 06489

Personal and Confidential

TODAY’S DATE

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List Other Names Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS

CITY COUNTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_

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

SSN D/L or STATE ID STATE ISSUED

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

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_