

APPLICANT INSTRUCTIONS
TO FORM 003 Entitled **UPDATE** to Application for Employment or Volunteer Appointment

Since you have previously completed the more lengthy Application for Employment or Volunteer Appointment, this form has been designed to minimize your effort in providing updated information. You may obtain a copy of the previously completed form, for the purpose of determining whether new information is needed, by contacting Angela Rogers at 801-322-4131. Form 003 is for the purpose of providing any information which has changed since you last completed a background check. Please help us be good stewards of our resources and time and do the following:

- Print legibly or type your responses.
- Complete the first portion of Part A through question No. 2 even if previously provided.
- For Sections numbered 3 through 8, please look over the corresponding section on the previous Application. For each Section, check the box if there is no change **or** provide any new information on the Update form.
- Carefully complete *all* information requested. For instance, where a contact person is asked, provide their full name, complete mailing address with zip code and a telephone number.
- For churches, be sure to provide where to reach the contact person if they do not physically work at the church.
- Answer all questions starting at No. 9 and also Part B even if you have previously done so.
- In the box on page 11 of the Application, initial the appropriate line. Most positions do not require a credit check, and the top line should be initialed. However, if you are a clergy person; a Diocesan or parish treasurer; or if the responsibilities of the position will require the routine handling of money or issuance of checks, you should initial the second option in the box on page 11. The hiring executive/parish priest should be able to assist you in determining which box to initial. If you require further assistance, please call the number below.
- **VERY IMPORTANT:** Be sure you sign the authorization in front of a witness and have the witness sign the form also.
- **VERY IMPORTANT:** If you are under the age of 18 you should sign before a witness and also have your parent or legal guardian sign the authorization before a witness. The witness in each instance should be someone over the age of 18. If a parent or guardian's signature is necessary, the same witness may sign.
- Complete the Release for educational institutions **only** if you have attended a new educational institution since your last background check.

General Information:

- You should have received with the Update Application a document entitled "Consumer Summary, a Summary of Your Rights Under the Fair Credit Reporting Act," Form 006. If not, request one.
- You should also have received a copy of the Policy on Protection of Children and Youth from Abuse, Policy Number P008, and the Code of Conduct, Form 004. After reading the policy, you should sign the Code of Conduct and return it to the hiring executive/parish priest.
- To maintain confidentiality and safeguard information such as your Social Security number, the Update Application form should not be given to someone else to mail. The entire document should be mailed directly by you, the applicant.

Stephen F. Hutchinson, Esq.
Episcopal Diocese of Utah
75 South 200 East
Salt Lake City UT 84111-2147

- If you have questions about the form, please contact Angela Rogers at 801-322-4131.
Thank you for your cooperation.

UPDATE TO APPLICATION FOR EMPLOYMENT
OR VOLUNTEER APPOINTMENT

For Update of Background Check:

- upon Transfer of Assignment
- re-hire or
- prior to ordination if a previous background check has been done

THE EPISCOPAL DIOCESE OF UTAH

(Parish, School or Agency)

The Diocese and the above-named Parish, School or Agency need information about all clergy and lay employees, as well as for all volunteers who regularly supervise activities for, or minister to, minors or vulnerable adults. We seek this information in an attempt to reduce the risk that persons who may have a history or propensity for misconduct are placed in a position that could result in charges of Sexual Misconduct being made.

All clergy prior to ordination or acceptance into the diocese, and lay employees, and all volunteers who regularly supervise activities for, or minister to, minors or vulnerable adults in the Episcopal Church in Utah (in Parish, Mission, Camps, Day Schools, Diocesan Institutions, Diocesan Ministries, etc., but excluding unpaid Sunday School teachers), are being asked to complete this document. The questions are not meant to question your integrity. The Church is concerned about the safety of all people including our young people. It is also concerned about protecting you and your ministry, as well as protecting the ministry of the Church. We must have information in order to do both.

Some of the information being requested may duplicate what is asked for in other materials. Please bear with the burden of providing it again. The confidentiality of your responses to this questionnaire will be honored and therefore this questionnaire will be reviewed by the Office of the Chancellor. If you are unable to answer one or more of these questions, you may call Stephen Hutchinson at 801-322-4131 to discuss the matters personally. **However, if you do not call, we will consider an incomplete application as a confidential request that you be withdrawn from further consideration for this position.**

Thank you for your cooperation.

The information in this Part A is not necessarily considered confidential.

If you need more space to respond to a question, feel free to attach additional pages so that your answers may be complete.

PART A: Today's Date: _____

PLEASE PROVIDE INFORMATION ON THIS PORTION EVEN IF YOU HAVE PROVIDED IT PREVIOUSLY.

Position you hold at present with the Diocese of Utah: _____

at Parish/Organization: _____

Position to which you are transferring: _____

at Parish/Organization: _____

Is the new position a: paid position **or** volunteer position

How many hours per week you typically will work or volunteer in this position?

PERSONAL INFORMATION

1. Name: _____
Last First Middle

For correspondence to you, please indicate:

Mr. Miss/Ms. The Rev. Other , please indicate: _____

Present Home Address: _____

City, State: _____ Zip: _____

Dates of Residency at the above address (years lived at above): _____

Telephone number(s):

Home: () _____

Work: () _____

Cell: () _____

Best time to contact you: _____

Email address: _____

I HAVE a valid driver's license [more information is requested later in form]

Are you legally eligible to work in this country? Yes No

Note: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act.

2. Other names used: Maiden: _____

Former, nicknames, alias, also known as, etc. you have used since your last background check: _____

3. Military Service? Yes No Dates: _____

PLEASE PROVIDE RESPONSES FOR ANY OF THE FOLLOWING ITEMS WHICH HAVE CHANGED SINCE YOU LAST COMPLETED A BACKGROUND CHECK OR INDICATE NO CHANGE:

CHURCH INFORMATION

4. Church Affiliation

No change

New church: _____

Clergy Contact (Name): _____

Address: _____

_____ Zip: _____

Phone: _____ Email: _____

How many years: _____

EDUCATIONAL HISTORY

No additional education

5. List the name, location, degree granted and dates of attendance of any educational institution attended since your last background check.

Name of Institution: _____
Address: _____
City, State: _____ Zip: _____
Counselor/Personal Advisor's name (if known): _____
Type of School: _____
Name of Program or Degree: _____
Dates Attended _____ Date Diploma/Degree Received: _____
Name used while attending (if different): _____

Name of Institution: _____
Address: _____
City, State: _____ Zip: _____
Counselor/Personal Advisor's name (if known): _____
Type of School: _____
Name of Program or Degree: _____
Dates Attended _____ Date Diploma/Degree Received: _____
Name used while attending (if different): _____

For more space, please use the back of this page

PROFESSIONAL LICENSES

No new professional licenses

6. List all professional licenses you hold.

Type of License: _____
Licensing Authority: _____
License Number: _____ State Where Issued: _____
Date Issued: _____

For more space, please use the back of this page

PREVIOUS ADDRESSES

No additional addresses

7. List all addresses since your last background check and dates below (any between your last background check and your current address).

If none, please indicate: None

Street Address: _____
City, State: _____ Zip: _____
Dates: _____

Street Address: _____
City, State: _____ Zip: _____
Dates: _____

For additional space, use the back of this page

EMPLOYMENT HISTORY

- No additional employers

8. List by name, street address, telephone number, contact person and dates of employment for any employers since your last background check.

If this is your current employer, do we have permission to contact? Yes No

If you indicate not to contact your employer, please give reason (e.g. to avoid jeopardizing current employment, etc.): _____

Name of Employer: _____
Address: _____
City, State: _____ Zip: _____
Immediate supervisor's full name: _____
Phone: (____) _____ Ext. _____
Email: _____
Your position: _____
Dates of employment: _____ to _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City, State: _____ Zip: _____
Immediate supervisor's full name: _____
Phone: (____) _____ Ext. _____
Email: _____
Your position: _____
Dates of employment: _____ to _____
Reason for leaving: _____

For additional space, please use the back of this page

VOLUNTEER EXPERIENCE

No additional service organizations/participation

9. List by name, street address, telephone number, contact person and dates of participation/service, all church organizations (by diocese and parish as applicable) and all youth-service organizations in which you have participated or served since your last background check.

Name of Organization: _____
Parish / Diocese (if applicable): _____
Address: _____
City, State: _____ Zip: _____
Contact person's full name: _____
Phone: (____) _____ Ext. _____
Email: _____
What did you do? _____
Dates of participation: _____

Name of Organization: _____
Parish / Diocese (if applicable): _____
Address: _____
City, State: _____ Zip: _____
Contact person's full name: _____
Phone: (____) _____ Ext. _____
Email: _____
What did you do? _____
Dates of participation: _____

For additional space, please use the back of this page

OTHER REFERENCES

10. List by name, address, phone number and nature of relationship, two personal references (other than family members) who have known you for at least five years and with whom we may make contact concerning your fitness for your present or potential position.

Name: _____
Street Address: _____
City, State: _____ Zip: _____
Phone: (____) _____
Email: _____
How long have you known this person? _____
Relationship to you: _____

Continues on next page

Name: _____
Street Address: _____
City, State: _____ Zip: _____
Phone: (____) _____
Email: _____
How long have you known this person? _____
Relationship to you: _____

11. Are you able to perform the essential functions of the position in which you are working or for which you are applying? Yes _____ No _____

a. If there are experiences or special gifts that you could bring to the position, please describe them.

b. If there are accommodations (e.g. flex time, accessibility, etc.) that could positively affect your ability to perform the duties of the position, please describe them.

12. What interests you about the position for which you are currently applying or volunteering?

13. What has prepared you for the position for which you are currently applying or volunteering?

PART B: CONFIDENTIAL—THIS INFORMATION WILL BE REVIEWED ONLY BY THE OFFICE OF THE CHANCELLOR

THIS PORTION MUST BE COMPLETED FOR THOSE UPDATING THEIR BACKGROUND CHECK EVEN IF PROVIDED PREVIOUSLY.

CHURCH WORKER APPLICATION

Name: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ Expires: _____

I DO NOT HAVE a driver's license

1. Have you had any driver's license or other license (e.g., professional) suspended or revoked? Yes _____ No _____

If so, give full details.

2. Have you ever been convicted of driving under the influence, driving while intoxicated or driving while impaired? Yes _____ No _____

If so, list each such conviction by date and location.

3. Have you ever been arrested, charged, indicted or convicted of any felony or misdemeanor? Yes _____ No _____

If so, give full details.

4a. (For clergy only) Have you ever been in treatment or referred to treatment for substance abuse? Yes _____ No _____

If so, explain fully what you have done about the situation.

4b. (For lay only) Are you currently in treatment or aftercare for substance abuse? Yes _____ No _____

If yes, explain fully what you are doing about the situation.

5. Has any investigation ever been undertaken, or any charge, complaint, or presentment ever been made against you, with respect to any allegations of sexual harassment? Yes _____ No _____

If so, give full details.

6. Have you ever been accused of physically, sexually or emotionally abusing a minor or an adult? Yes _____ No _____

If so, give full details.

7. Have you ever been dismissed or removed by any other congregation, parish or diocese in the Episcopal Church or any similar body in any other church? Yes _____ No _____

If so, give full details.

8. Have you been a party in any civil lawsuit, divorce or bankruptcy within the last ten years? Yes _____ No _____

If so, give full details.

9. Has a claim or lawsuit ever arisen with a past employer as a result of your actions? Yes _____ No _____

If so, give full details.

10. (For clergy only) Has any investigation ever been undertaken, or any charge, complaint, or presentment ever been made against you, with respect to possible ecclesiastical discipline? Yes _____ No _____

If so, give full details.

Authorization begins on next page

CERTIFICATION OF INFORMATION AND
RELEASE AUTHORIZING REFERENCE CHECKS

If selected, I agree to be bound by the Diocese of Utah's policies and procedures, including but not limited to its *Policies for the Protection of Children and Youth from Abuse* and Code of Conduct for the Protection of Minors. I understand that these may be changed, withdrawn, added to or interpreted at any time at the Diocese of Utah's sole discretion and without prior notice to me.

I understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of _____ (Parish, School or Agency), the Diocese of Utah or myself.

I certify the above information is accurate, complete and correct to the best of my knowledge and information. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen.

I understand and agree that a background investigation may be conducted with respect to me and that the information I have given may be verified by contacting persons and organizations with whom I have had contact or which may have information concerning me.

I authorize any person, business entity or governmental agency who may have information relevant to the background investigation,, whether or not identified in this Church Worker Application, to disclose the same to the Episcopal Diocese of Utah, by and through their independent contractor, Mind Your Business ("MYB"), including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus (if applicable), regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, including, for example, alcohol and controlled substance information from previous employers.

In consideration of evaluation by the Episcopal Diocese of Utah of my employment/service application, I authorize the Diocese, by and through MYB, to perform all reference checks as allowed by law, including but not limited to, discussions with: Bishops/denominational executives/clergy, supervisors, co-workers, educational institutions, friends and/or associates, neighbors, business associates, or other individuals with whom I am acquainted or who the Diocese believes may have relevant information regarding my suitability for employment, service, or any other information bearing on my character, general reputation, personal characteristics, and/or trustworthiness. I further authorize the Diocese to perform the following checks: motor vehicle record, professional license, civil litigation, criminal (felony and misdemeanor), sex offender and predator registries, employment and education verification; a social security number verification; present and former addresses; civil history/record; and any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any background check report prepared on me upon written request to the Diocese that is made within a reasonable time after the date hereof.

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(INITIAL APPROPRIATE BLANK)

_____ I acknowledge the position for which I am applying may involve special risks which may require additional checks (e.g., credit checks, etc.). If so, I understand I will be notified in advance of any such additional checks. I will, in that event, either authorize the additional check or withdraw my application.

_____ I further authorize the Diocese to perform a credit check due to the specific position (e.g. clergy, Diocesan Treasurer, parish treasurer) I will hold and have been notified by the hiring executive such credit check will be performed.

I also agree to release and hold harmless The Episcopal Diocese of Utah, the above-named Parish, School or Agency (if applicable), MYB, their officers, employees, agents and volunteers for their actions arising out of such background investigation and authorize them to request and receive such information. I further release any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

I acknowledge that the Diocese has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation. Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract for either employment or volunteering or the providing of any benefit.

I have read and understand the above provisions.

_____ Date: _____, 201____
(Signature)

DOB: _____ SS#: _____
(Applicant)

_____ Date: _____, 201____
As Witness to the above signature, I hereby declare that the signatory signed this document in my presence, and that I personally know this person.

PARENT OR GUARDIAN'S CONSENT AND WAIVER
(Required if applicant is under 18)

As the parent or legal guardian of the applicant, I hereby consent to the application for work or volunteer position for which the foregoing information is provided, and expressly consent and authorize the Episcopal Church to conduct such reference contacts and background investigation as it may deem appropriate in considering the application.

Parent or Guardian's Signature _____ Date: _____

Witness: _____ Date: _____

(MUST BE SIGNED)

Note to Applicant: This needs to be completed only if you have added educational institutions to this form. If so, please provide names and dates for each educational institution

Name of Institution: _____ Dates attended: _____ - _____

Name of Institution: _____ Dates attended: _____ - _____

Name of Institution: _____ Dates attended: _____ - _____

Name of Institution: _____ Dates attended: _____ - _____

RELEASE

I hereby voluntarily grant my permission to the above educational institution to release to the Episcopal Diocese of Utah any and all records pertaining to me, including a written response to the questions enclosed.

Date _____

Signature

(Please print name)

(Maiden name, if applicable)

(Any alternate name(s) used while attending these institutions)

Social Security No. _____