



Worker Screening Form/Application

FOR THOSE WORKING WITH OR IN THE UCC PRESCHOOL ACADEMY
This screening form is to be completed for any UCC Preschool Academy position (volunteer or compensated) involving the supervision or care of any UCCPA students. This is not an employment application form. This form is used to help University Christian Church Preschool Academy provide a safe and secure environment for the children.

PLEASE USE THE BACK OF THE FORM IF NECESSARY

NAME: _____ DATE: _____

Last First Middle

PRIOR NAME: (i.e. maiden): _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PREVIOUS ADDRESSES (last 5 years – use back if necessary):

CITY: _____ STATE: _____ ZIP CODE: _____

PREVIOUS ADDRESSES (last 5 years): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PREVIOUS ADDRESSES (last 5 years): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PREVIOUS ADDRESSES (last 5 years): _____

CITY: _____ STATE: _____ ZIP CODE: _____

BIRTHDATE: _____ EMAIL: _____

Gender: ____ Male ____ Female

Home PHONE: (____) _____ Cell PHONE: (____) _____
Work PHONE: (____) _____ OCCUPATION: _____

Please write a short paragraph telling us your thoughts on Christian Education:

Please write a short paragraph telling us about your personal belief in Christ and view of scripture:

Have you ever attended University Christian Church? _____

Are you active at a church anywhere? _____

I am interested in working with (mark appropriately):

_____ Toddlers (ages 18 months – 2.5 years)

_____ Two and Three year olds

_____ Three and Four year olds

_____ Four and Five year olds

Others _____

Three personal references who have known you at least 3 years (not former employers or relatives):

Name _____

Address _____ Phone # _____

Email _____

Name _____

Address _____ Phone # _____

Email _____

Name _____

Address _____ Phone # _____

Email _____

The responses to the following questions will be kept confidential.

Have you ever been arrested or charged for sexual or physical abuse? _____ No _____ Yes

Have you ever been arrested or convicted of a crime (other than moving violations)?

_____ No _____ Yes — if yes, please explain. _____

Are there any legal charges pending against you? _____ No _____ Yes

— if yes, please explain. _____

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of children?

_____ No _____ Yes — if yes, please explain. _____

Are you Hispanic or Latino? _____ No _____ Yes

Do you have a current driver's license? _____ No _____ Yes

Driver's license number: _____ State: _____

Has your driver's license ever been suspended or revoked? _____ No _____ Yes

— if yes, please explain. _____

I understand that information obtained in connection with the screening process may be withheld from my inspection. I further understand that a response from any law enforcement agency indicating prior charges or convictions will mean that I may not serve or be employed for any UCC Preschool Academy sponsored activity or program. Should my application be accepted, I agree to be bound by the By-laws and Policies of University Christian Church.

I hereby give my permission for UCC Preschool Academy to obtain information relating to my criminal history record. The criminal history record, as received from reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand this information will be used, in part, to determine my eligibility for an employment or volunteer position with UCC Preschool Academy.

I also understand that as long as I remain a UCC Preschool Academy employee or volunteer the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and that a procedure is available for clarification if I dispute records received. I also understand that, by law, I may see a copy of the transcript, for its review, but may not receive a copy of the document in any fashion or form.

Signature _____ *Applicant's Social Security #* _____

Printed Name _____ *Date* _____