



SCREENING & RECORDS AUTHORIZATION

This form must be completed by those who are applying for any position, paid or volunteer, with CEF OF EASTERN PA, INC.

Print Full Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Sex _____ Ethnicity _____

Social Security Number (This is not required, but "highly recommended.") _____ - _____ - _____

Driver's License Number _____ State _____

Print Any Aliases (include maiden name)

_____ First Middle Last

_____ First Middle Last

E-Mail Address _____ Phone Number _____

1. **Have you at any time ever:**

- Been arrested for any reason other than a minor traffic violation? Yes No
- Been convicted of, or pleaded no contest to, any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "Yes," please explain in detail. _____

(Please attach additional pages if more space is needed.)

2. Were you a victim of abuse or molestation while a minor? Yes* No

(* Answering "Yes" to this question, will not automatically disqualify an applicant from working with us. You may, however, be asked to explain your answer in confidence with the State Director or your county director.)

I hereby request the Police, the FBI, the US Department of Justice, Immigration and Naturalization Service, and Pennsylvania Department of Human Services to release any information which pertains to any record or conditions contained in its files or in any criminal file maintained on me whether local, state, national, or international. I hereby release the said departments from any and all liability resulting from such disclosure.

I authorize CEF OF EASTERN PA, INC. to conduct a Pennsylvania State Police Criminal Background Check.

In consideration of the receipt and evaluation of this Screening & Records Authorization Form by CHILD EVANGELISM FELLOWSHIP OF EASTERN PA, INC., I hereby release all persons or organizations, including record custodians, both collectively and individually, from any or all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** The information contained in this screening form is correct to the best of my knowledge. This is a legal binding agreement which I have read and understood.

Applicant's Signature _____ **Date** _____

Witness (print) _____

Witness' Signature _____ **Date** _____