Diocese of Beaumont **(Rev. 7/2014)**

BACKGROUND SCREENING QUESTIONNAIRE

Please Print **Confidential**

NAME:_____ _____
LAST First Middle Other Names Used/ Alias/ Maiden

ADDRESS:_____
City State Zip

HOME PHONE: _____ CELL: _____ WORK #:_____

DATE OF BIRTH (MM/DD/YEAR):_____ Sex: F M Race:_____

SOCIAL SECURITY # _____ DRIVER'S LICENSE #:_____
State Expires

Exact Name on Driver's License: _____ **(Provide copy of Dr.Lic.)**

Other STATES/COUNTRIES where resided in the past 10 years:_____

1. Have you ever been the subject of an allegation of any type of sexual abuse that was determined to be credible after an investigation? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.) _____ Yes _____No If yes, please provide in detail the date, the place, and an account of the circumstances of each allegation.

2. If yes, did any judicial proceeding arise out of the allegations? _____ Yes _____ No
If yes, please identify the court in which the proceeding was brought and its location, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached.

3. Are you under the supervision of any federal, state, or local corrections agency as a result of any allegations of sexual abuse? _____ Yes _____ No

4. Have you ever been convicted of or pleaded guilty/no contest to, placed on probation, given community supervision, or given deferred adjudication for a misdemeanor or felony (other than a parking violation)?
_____ Yes _____ No If yes, please state the nature of the offense, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding.

"I certify that the responses contained in this document are true and complete to the best of my knowledge, and I understand that falsified statements on this document shall be grounds for denial of my application, termination of employment, or removal from participation in all volunteer programs."

"I authorize investigation of all statements in this document, including civil, criminal, and sex offender background checks, and, if deemed necessary, driving and credit checks. *I also authorize future screenings for retention, reassignment, or promotion unless revoked in writing.*"

_____ _____
Signature *Date*

Parish/School/Entity to which you are applying: ____St. Mary Catholic School_____

City:___Orange, TX_____ Position: ____Volunteer & Driver_____

As an Employee? _____ Volunteer?__X_____ With Children/Youth? ___X_____ Drive? __Yes_____