

Sexual Misconduct Employment Questionnaire

Please complete the following certification:

I certify that (a) no civil, criminal, ecclesiastical complaint has ever been sustained or is pending against me for sexual misconduct; (b) no criminal convictions, guilty, or "no contest" pleas have been sustained or is pending against me to any criminal conduct (beyond sexual misconduct) (c) I have never resigned or been terminated from a position for reasons related to sexual misconduct; or (d) I have never been required to receive professional treatment for reasons related to sexual misconduct on my part. (e) I have never been accused of or participated in sexual misconduct (f) I am not aware of any personal traits or tendencies that could pose a threat to children or youth.

My signature immediately below asserts to this certification, and may be verified by Salem Presbytery to make any and all contacts necessary to verify my prior employment history, medical information, and to inquire concerning any prior arrest or criminal records or any judicial proceedings involving me as a defendant.

Signature _____ Date _____

NOTE: If you are unable to make the above certifications, you may instead give a description of the complaint, termination, or course of treatment you have been involved in, giving dates, names, and addresses of employers or physicians, the outcome of the situation, and any explanatory comments you care to add by attaching a separate page.

If the above certification cannot be made because of sustained or pending charges related to sexual misconduct, termination for reasons related to sexual misconduct, or civil or criminal charges, the following waiver must be signed, witnessed, and notarized:

Release

The information I have provided as an attachment to this document is accurate to the best of my knowledge and may be verified by the Salem Presbytery to make any and all contacts necessary to verify my prior employment history, medical information, and to inquire concerning any prior arrest or criminal records or any judicial proceedings involving me as a defendant. By means of this release, I also authorize any previous employer, any physician who has treated me (specifically including any psychiatrist, mental health professional, or psychologist possessing information as to prior mental or emotional illnesses or drug or alcohol abuse), and any law enforcement agencies or judicial authorities to release any and all requested information to the Salem Presbytery.

I have read this release and understand fully that the information obtained may be used to deny me employment or any other type of position in the Salem Presbytery. I also agree that I will hold harmless the Salem Presbytery, as well as any prior employer, psychologist, psychiatrist, mental health professional, physician, law enforcement authority, or judicial authority from any and all claims, liabilities, and cause of action for the release or the use of any information.

Signature _____ Date _____

State of _____ } County of _____ }

Signed (or attested) before me on _____ date by _____
(name of individual).

(Official Seal)

Official Signature of Notary

Notary's Printed or Typed Name

My Commission Expires: _____