

Iowa-Nebraska-South Dakota UCC Conferences

Background Check Requests

Please mail to 4126 Ingersoll Ave. Des Moines, IA 50312 OR email to info@ucctcm.org
Questions - call 605-413-5567

Background Screening Consent and Information Form Applicant must complete all information and sign and date form. Only those over 18 years old may submit a request - legal restrictions for minors stops all requests below this age.

Full Name: First _____ Middle _____ Last _____

Background check requested for (select all that apply):

☐ Pulpit Supply (in person)

☐ Pulpit Supply (online)

☐ MID

☐ Conference Activity

☐ Local Church (staff or volunteer)

Other names used including maiden names: _____

Social security number: _____ Date of birth _____

Current Address: Street _____ City/State _____ Zip code _____

Home phone _____ Cell phone _____ Email _____

Include any other addresses for the past 10 years and how long at each address:

Former address _____

Former address _____

Please list all states of residence since turning age 18: _____

Reference: (Someone who knows you and has observed you working with young people.) Name _____

Address _____ City/State _____ Zip code _____

Telephone _____ Email _____

I am a member of the following church: _____

I have been a member of this church since: _____

I have never been convicted of nor pled guilty or no contest to a crime. (Exclude convictions that have been sealed, expunged or legally eradicated, misdemeanor convictions for which probation was completed and the case was dismissed and minor traffic offenses) ☐ True ☐ Not True

If not true, on a separate sheet, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

I have never terminated my employment, professional credentials or service in a volunteer position nor had my employment, professional credentials, or authorization to hold a volunteer position terminated or reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation or misconduct; physical abuse; child abuse; or financial misconduct.

☐ True

☐ Not True

If not true, on a separate sheet, give a short explanation. (Please indicate the date of termination; name, address, phone number of employer or volunteer supervisor; nature of the incident(s) leading to your termination.)

I have never terminated my employment, professional credentials or service in a volunteer position nor had my employment, professional credentials, or authorization to hold a volunteer position terminated or reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation or misconduct; physical abuse; child abuse; or financial misconduct.

☐ True

☐ Not True

If not true, on a separate sheet, give a short explanation. (Please indicate the date of termination; name, address, phone number of employer or volunteer supervisor; nature of the incident(s) leading to your termination.)

I have a valid drivers' license?

☐ True

☐ Not True

With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

☐ True

☐ Not True

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?

☐ Yes

☐ No

If yes, please provide a brief explanation:

The covenants between persons seeking employment or authorized volunteer positions in the UCC Conferences require honesty, integrity and truthfulness for the health of the Conferences. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between employees and volunteers and the organization they seek to serve. To that end, I authorize the UCC Conferences and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments and statements.

UCC Conferences employment and authorized volunteer recruitment process involves the sharing of information regarding applicants with those persons in a position to recruit, secure, and supervise both the position I am seeking to fill and program I am seeking to participate in. To that end, I authorize the UCC Conferences and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these purposes. I understand that the UCC Conferences will share with me information it has gathered about me, if I request it to do so.

I acknowledge my receipt and understanding of the UCC Conferences Policy Prohibiting Sexual Exploitation and Harassment. I understand my signature below is legally binding and will be kept on file. I grant permission to the UCC Conferences staff to complete a Sex Offender Registry check, basic criminal background check, contact a designated reference and interview me so I may serve in the role for which I have applied.

I authorize (THE PRINCIPAL) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my service with them.

I release the United Church of Christ Insurance Board and THE PRINCIPAL and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources use.

SIGNATURE _____ DATE _____

Please follow these directions for filing this form:

There is a \$30.00 fee to cover the expense of the background check. You may submit this payment by mail (mail check to: 4126 Ingersoll Ave. Des Moines, IA 50312), online or provide billing information.

If fee is being billed, please complete the following:

Bill to:

Name of local church: _____

Contact name: _____

Address: _____

Phone: _____ Email: _____

If fee has already been paid: Date of payment: _____

Submitted Online ☐

Mailed Check ☐

For conference office use only. Criminal Background check performed on: _____