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**CRIMINAL & FINANCIAL EXAM**  
MAP MISSIONARY CANDIDATE

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Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
First Last

*The information in this section will remain in a file at the MAP Ministry Office. Your signature at the end of this form authorizes the release of this and other information to the MAP Ministry Board.*

1. Have you been charged or convicted (formally or informally) of any crime in which a child was a victim or which involved inappropriate sexual conduct?

Yes No

*If the answer is yes, please explain below and give the name and address of a reference/professional who can verify that you are now eligible for candidacy for MAP Ministry service.*

Year: \_\_\_\_\_ Place: \_\_\_\_\_

Description of conduct and program of restoration:

Reference: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Have you been involved in any type of pornography in the past 3 years? (internet/magazines)

Yes No

3. Have you ever been the subject of any formal accusation or proceeding to investigate a formal accusation, or have you been disciplined or discharged by any employer or other entity with regard to conduct relating to sexual abuse, sexual harassment, or unlawful or inappropriate sexual conduct?

Yes No

*If the answer is yes, please explain below and give the name and address of a reference/professional who can verify that you are now eligible for candidacy for MAP Ministry service.*

Year: \_\_\_\_\_ Place: \_\_\_\_\_

Description of conduct and program of restoration:

Reference: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

4. Have you ever been the subject of any formal accusation proceeding to investigate a formal accusation, or have you been disciplined or discharged by any employer or other entity with regard to conduct relating to dishonesty?

Yes No

*If the answer is yes, please explain below and give the name and address of a reference/professional who can verify that you are now eligible for candidacy for MAP Ministry service.*

Year: \_\_\_\_\_ Place: \_\_\_\_\_

Description of conduct and program of restoration:

Reference: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

5. Do you presently have or have you ever had a substance abuse problem--alcohol, illicit drugs, or other substances?

Alcohol? Yes No Date last used: \_\_\_\_\_

Illicit Drugs? Yes No Date last used: \_\_\_\_\_

*If the answer is yes, please explain below and give the name and address of a reference/professional who can verify that you are now eligible for candidacy for MAP Ministry service.*

Description of problem or disorder and program of recovery /resolution /counseling:

Reference: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

6. Are you or your spouse in debt to anyone? Please describe the dollar amount you and your spouse owe to whom.

Auto one: \$ \_\_\_\_\_

Auto two: \$ \_\_\_\_\_

Home/Property: \$ \_\_\_\_\_

Credit Cards: \$ \_\_\_\_\_

Education: \$ \_\_\_\_\_

Other \_\_\_\_\_: \$ \_\_\_\_\_

Other \_\_\_\_\_: \$ \_\_\_\_\_

**Total combined debt amount?** \$ \_\_\_\_\_

Are you and your spouse involved in liens, co-signs and binding pledges?      Yes      No

If yes please explain:

Have you or your spouse ever filed bankruptcy?      Yes      No

If yes please explain:

7. Will you allow the MAP Ministry to do the following two background checks? By signing your name below you are permitting us to follow through with a criminal background check and credit report.

1. Criminal Background Check: \_\_\_\_\_  
Signature

2. Financial/Credit Report: \_\_\_\_\_  
Signature

STATEMENT OF ACCURACY

*My digital signature below certifies that the information I have provided in this form is true and accurate.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fill out this form on your computer, then save the completed document and either email or print/mail it to us.

**Email:** Add as an attachment with the rest of your application materials and send to [jkeim@mapministry.org](mailto:jkeim@mapministry.org).

**Mail:** MAP Ministry, Attn: Joe Keim, 575 US-250, Greenwich, OH 44837 Office: (419) 962-1515