



CRIMINAL EXAM

EMPLOYMENT POSITION

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:

STATEMENT OF ACCURACY

My 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.

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