



ST. ANNE'S EPISCOPAL SCHOOL: BACKGROUND SCREENING FORM

RELEASE: By signing this form, I understand an investigation will be conducted of all information contained in this form. I also understand that the results of the investigation will be considered, along with all other information submitted on this form, in making a decision concerning my suitability as an employee or volunteer. The information contained in this application is true and correct to the best of my knowledge. I further understand that inaccurate or untruthful responses to the questions contained in this form may be the basis for a refusal to employ. I understand that all criminal background checks will be treated as confidential. I understand and authorize the access to any and all information and records relating to my criminal history or criminal offense committed or alleged arrest, alleged criminal acts and criminal offenses committed. I understand if a disqualifying offense is found in a criminal background check, I will be given the opportunity to verify information and correct errors. I intend this to be a legally binding release, which I have read and understand. St. Anne's has procedures and policies in place to ensure the confidentiality of the personal identifiable information that you will be providing upon completion of this form. I understand that St. Anne's is not meeting the minimum State of DE background safety requirements and waive my right to be screened by the State of DE as set forth in the Joseph R. "Beau" Biden, III Child Protection Act. However, St. Anne's has partnered with a vendor that provides applicant information that we are confident exceeds the State of DE information.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE BUSINESS OFFICE. DO NOT PLACE THE COMPLETED FORM IN THE CHIEF FINANCIAL OFFICER'S MAILBOX DUE TO CONFIDENTIALITY OF INFO!

Signature (black ink)

Date

1. NAME (Last, First, Middle, Suffix)

Last	First	Middle	Suffix
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2. LIST ALL OTHER NAMES YOU HAVE INCLUDING NICKNAMES AND MAIDEN NAMES:

3. BIRTHDATE (mm/dd/yyyy)	4. SEX: (Circle One) MALE FEMALE	5. SSN:
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6. MARITAL STATUS: (Circle One) SINGLE DIVORCED MARRIED SEPARATED

7. NAME OF SPOUSE	8. DATE(S) OF MARRIAGE(S)
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9. CURRENT ADDRESS:

10. EMAIL ADDRESS:

11. 7 YRS PREVIOUS STREET ADDRESS, CITY	COUNTY	STATE	DATES

12. HAVE YOU EVER BEEN **ARRESTED** FOR OR **CONVICTED** OF A MISDEMEANOR OR FELONY OFFENSE? (Circle One)
YES NO

DATE OF ARREST	PLACE OF ARREST	CHARGE(S)	DISPOSITION

Return Preference (circle one): US Mail Email