

Employee Statements and Agreed Code of Conduct

Please initial each of the following statements:

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my employment or ministry involvement.

_____ I understand that **my references and contacts** from prior church or non-church work with children, student, or disabled adults may be contacted and that an appropriate **criminal background check** will be conducted. I authorize investigations of all statements contained in this application and I specifically authorize the church to undertake a criminal background check of my past.

_____ I understand that I must be interviewed and recommended by a member of the Coutts Memorial United Methodist Church Screening Committee before I begin my ministry or employment position.

_____ I understand that I can withdraw from the application process at any time.

_____ I understand that Coutts Memorial United Methodist Church has a policy of ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that Coutts Memorial United Methodist Church cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of any kind is grounds for immediate dismissal from my employment and possible criminal charges.

_____ I declare that I am not a pedophile or child molester. I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child, a student or disabled adult, and I have never been accused of these acts.

_____ I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of this application for employment, and that refusal to inform Coutts Memorial United Methodist Church of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ If employed, I agree to read and abide by all Policies and Procedures provided to me by Coutts Memorial United Methodist Church concerning my conduct and behavior toward children, students or disabled adults participating in Coutts Memorial United Methodist Church programs.

Signature: _____ Date: _____

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____ Date: _____

