

Sample: Applicant Disclosure Affidavit Background Screening

Our agency screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to employment or volunteer work, but it is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

Applicant: [_____]

Please print complete name and social security number.

The undersigned applicant affirms that I have not at any time (whether as an adult or juvenile):
Use the checkboxes to document each answer with "yes" or "no." Provide a brief explanation for each "yes" answer.

	Yes	No	N/A
Been convicted of;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleaded guilty to (whether or not resulting in a conviction);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleaded nolo contendere or no contest to;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admitted;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had any judgment or order rendered against me (whether by default or otherwise);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entered into any settlement of an action or claim of;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed as having or been treated for any mental or emotional condition arising from; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resigned under threat of termination of employment or volunteer work for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any allegation, any conduct, matter, or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select "yes" or "no" and provide a brief explanation for each "yes" answer.			
Any felony.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape or other sexual assault.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug- or alcohol-related offenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse of a minor or child, whether physical or sexual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Incest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidnapping, false imprisonment, or abduction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual exploitation of a minor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual conduct with a minor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annoying/molesting a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lewdness and/or indecent exposure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lewd and lascivious behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obscene literature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assault, battery, or other offense involving a minor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endangerment of a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any misdemeanor or other offense classification involving a minor or to which a minor was a witness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfitness as a parent or custodian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removing children from a state or concealing children in violation of a law or court order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrictions or limitations on contact or visitation with children or minors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similar or related conduct, matters, or things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accusation of any of the above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanations

If you answered "yes" to any of the above, please explain. If none, write "none."

Description: _____ Dates: _____

Description: _____ Dates: _____

Description: _____ Dates: _____

The above statements are true and complete to the best of my knowledge.

Applicant's signature: _____ Date: _____

Name: _____ Title: _____

Company: _____ Address: _____

City/State/Zip: _____ Phone: _____