

Background Questionnaire Concerning Sexual Abuse
Acknowledgement of receipt and understanding of the Sexual Misconduct Policy
and Code of Ethical Conduct

The Sexual Misconduct Policy of the Diocese of Sioux Falls (including the Code of Ethical Conduct) can be found at www.stmichaelsfsd.org by clicking 'Safe Environment.'

1. Have you ever been convicted of a crime of sexual abuse, physical abuse, sexual harassment or exploitation?

Yes _____ No _____

2. Has any civil or criminal complaint, or any other written complaint, ever been made against you relating to sexual abuse, physical abuse, sexual harassment or exploitation?

Yes _____ No _____

3. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of civil or criminal complaints of sexual abuse, physical abuse, sexual harassment, or exploitation against you?

Yes _____ No _____

4. Have you ever received any medical or psychological treatment, including counseling, involving your sexual abuse, physical abuse, sexual harassment, or sexual exploitation of other persons?

Yes _____ No _____

5. Did you enter into an agreement with any past employer not to divulge the true reason for termination of employment?

Yes _____ No _____

In addition to this self report, unless you are a minor, a background check will be conducted unless you can provide a copy of results of an acceptable completed background check.

I hereby acknowledge that I have received a copy of the Sexual Misconduct Policy of the Diocese of Sioux Falls and the Code of Ethical Conduct and that I have read both, understand their meaning, and agree to conduct myself in accordance with the Policy and the Code. I have personally read and completed the above background questionnaire.

Date _____

Signed _____

Print Name _____

Birth Date (if under 18) _____

Parent/Guardian Signature (if under 18) _____

Please check here if you have had a background check elsewhere within the past 5 years