**EMPLOYMENT APPLICATION: Addendum**

Has anyone ever filed or threatened to file a civil or criminal action against you alleging physical or sexual abuse or harassment by you? Yes \_\_\_\_\_ No \_\_\_\_\_\_

If yes, please give an explanation indicating the date, nature, and place of the incident leading to the

allegation, and the disposition of the matter:

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Have you ever been accused of physical or sexual abuse or sexual harassment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including your employer’s name, address, and telephone number:

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Have you ever received any medical treatment, physical or psychological, for reasons involving physical or sexual abuse or sexual harassment by you? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, give a short explanation of the treatment, including the date(s), nature, and location(s), identifying the treating physician with name, address, and telephone number:

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The information I have provided on this questionnaire is accurate and complete and may be verified by the Evangel Christian Academy, Inc. I understand that the submission of any false or incomplete information in connection with this questionnaire will be cause for the termination of my employment or volunteer engagement at any time.

I authorize Evangel Christian Academy, Inc. and its agents to verify any information related to this questionnaire, my employment application, or my resume. I also authorize all individuals, previous employers, and law enforcement officials to freely release any information concerning my background to the School, and I hereby release any and all of said parties from any liability for doing so. I agree to execute any releases necessary to permit the release to the Evangel Christian Academy, Inc. of prior employment, medical, judicial, and law enforcement records, and information pertinent to matters addressed in this questionnaire.

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Name of Applicant (please clearly print full legal name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number

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Signature Date