

# Application for Employees

Name: \_\_\_\_\_

Social Security

  
 
   

Maiden Name: \_\_\_\_\_

Driver License: State \_\_\_\_\_ Number \_\_\_\_\_

Street address: \_\_\_\_\_

Check here if you have had a criminal records check with one of the Diocese of Brownsville's Catholic schools in the past three years. Approximate date of records check:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long at current address: \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Are you a member of <Parish Name>? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for how long? \_\_\_\_\_ If no, are you a member of another parish? \_\_\_\_\_

Please list your addresses in the past five years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For what position are you applying? \_\_\_\_\_

What interests you about the position for which you are currently applying? \_\_\_\_\_

\_\_\_\_\_

What has prepared you for the position for which you are currently applying? \_\_\_\_\_

\_\_\_\_\_

## Employment history

Dates of employment (Start with most recent)	Company name and address (City, State Zip)	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

## Educational history

Dates (Start with most recent)	School name and address (City, State Zip)	Type of School	Name of Program or Degree	Program completed?
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

## Volunteer experience

Please list your volunteer experiences with other churches, civic or non-profit organizations (use back if needed.)

Organization	Duties	Dates	Contact	Phone

## References

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family member				

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

<Parish Name> appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please initial each of the statements below.

- 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 ministry involvement.
- I hereby authorize < Parish Name > to conduct a personal and professional background check for the purposes of my application at < Parish Name >. < Parish Name > may contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during the <Parish Name's> contact with the individuals for purposes of employment or volunteer services.
- I also hereby give complete permission for < Parish Name > to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my employment or volunteer services.
- I waive any right that I may have to inspect any information provided about me by the persons previously mentioned. I have also read and understood the above stated information within this release and am signing below of my own free will.
- I understand that a criminal background check will be conducted prior to and during my service. I authorize investigations of all statements contained in the application.
- I agree to observe all of <Parish Name> guidelines and policies for the program in which I am applying.
- I understand that <Parish Name> has NO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that <Parish Name> cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- I understand that I can withdraw from the application process at any time.
- I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide employment and/or volunteer services and that refusal to inform <Parish Name> of the contents of a sealed criminal record will result in the automatic denial of the application.
- My signature indicates that I have read and understand the above. **Do not sign until you have read and initialed the above statements.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Screening Committee Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_