



Diocese of Corpus Christi

Employment Application

Print or Type Only

First Name	Middle Name	Last Name	Suffix
Maiden Name		Alias/Nickname	
Street Address			
City		State	Zip
Home Phone	Cell Phone	Email address	
Social Security Number	Date of Birth	Driver's License # or ID #	DL State

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Have you ever worked or volunteered for this company before? Yes No

If yes: Month and Year ____/____ Location _____

Are you legally eligible for employment in the United States? Yes No

Who referred you to the company? _____ Desired Salary: _____

Please list your addresses for the past four years:

1. _____ 2. _____
3. _____ 4. _____

Emergency Contact Information

Name: _____

Telephone: ____ - ____ - _____

Address: _____

City, State Zip: _____

Education	Name and location of school Address, city, state, Zip	Years Completed	Did you Graduate?	Degree or Diploma and Course of Study
Elementary				
High School				
College				
Graduate, Trade Or Other School				

For Employer use: Human Resources Office verified absence of restrictions.

Signature of employer: _____ Date: _____

Volunteer Experience (use separate sheet if needed)

Organization	Duties	Dates	Contact	Phone

General information

Special Training	Special Skills	Special Study	Research Work	Certificates

References **Was an interview conducted? Yes No**

Reference Name	Address City, State Zip	Daytime Phone	How long known?	Date checked
Professional/Civic				
Professional/Civic				
Personal				

Employment Record

Employer and Type of Business		Telephone
Address		Employed—Month and Year From: To:
Job Title	Supervisor's Name	Pay/Salary Start: End:
Describe your work		Reason for Leaving
Employer and Type of Business		Telephone
Address		Employed—Month and Year From: To:
Job Title	Supervisor's Name	Pay/Salary Start: End:
Describe your work		Reason for Leaving
Employer and Type of Business		Telephone
Address		Employed—Month and Year From: To:
Job Title	Supervisor's Name	Pay/Salary Start: End:
Describe your work		Reason for Leaving

Please indicate any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments etc.

AN EQUAL OPPORTUNITY EMPLOYER: Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran's status, or the presence of a handicap or disability.

The Diocese 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 understand that my employment can be terminated, with or without cause, at any time at the discretion of either the Diocese or myself. I understand that no official other than the Bishop of the Diocese has any authority to enter into any agreement contrary to the foregoing or make any assurance or promise of continued employment, except that, in the case of school teachers and principals, the Superintendent of Schools and/or the principal and pastor may execute the contract on behalf of the Bishop. I also understand that neither this document nor any offer of employment from the Diocese constitutes an employment contract, unless, a specific document to that effect is executed by the Bishop and myself in writing.

_____ 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 the Diocese to conduct a personal and professional background check for the purposes of my application at _____ employer 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 employers contact with the individuals for purposes of employment or volunteer services.

_____ I also hereby give complete permission for the Diocese 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 my employer's guidelines and policies for the program in which I am applying.

_____ I understand that the Diocese has a **ZERO TOLERANCE FOR ABUSE** and takes all allegations of abuse seriously. I further understand that the Diocese cooperates fully with the authorities to investigate 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 my employer of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ As a condition of my employment, I understand that at such time or times during my employment as the Diocese and its corporations shall require, I may be required to undergo urinalysis to detect the illegal use of drugs. Additionally, I understand that I shall be required to undergo urinalysis as a prerequisite to my employment. I further understand that at the time of any such examination, I will be required to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations. Finally, I understand that the results of any such examinations shall be made available to the Diocese, its Corporations, its designated Employees and my physician.

_____ 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:** ____/____/____

DIOCESE OF CORPUS CHRISTI
Consent to perform a History/Background Check
In Compliance with the FCRA (Fair Credit Reporting Act)

I, _____, am an applicant for employment with _____.
(Name of person filling out form) (Name of Church/School/Department)

As a part of the application process I have been advised that the diocese conducts a **criminal history check** that may include a **credit report and or motor vehicle report**. I do hereby consent to the use of any and all information provided to the diocese in the application process to be used in the criminal history/background check. The following are my responses to questions about my criminal history (if any).

1. Have you ever been convicted of a criminal offense other than a minor traffic violation? YES NO (Circle one)
2. Have you ever been arrested for, been accused of, or been convicted of any criminal offense involving a crime against a child, against the elderly, or against a disabled person? YES NO (Circle one)
3. Have you ever been placed on probation or received deferred adjudication, or other pretrial diversion process for any criminal offense involving a crime against a child, against the elderly, or against a disabled person? YES NO (Circle one)
4. Have you ever been subject to any court order or supervision (including pretrial) for any criminal offense involving a crime against a child, against the elderly, or against a disabled person? YES NO (Circle one)
5. As of the date of this consent form, do you have any pending charges against you? YES NO (Circle one)
6. If **Yes**, please provide offense, date of offense or conviction and location of court: _____

7. Has your driver's license ever been revoked or suspended? YES NO (Circle one)
8. If **Yes**, please provide offense, date of offense or conviction and location of court: _____

9. Other than the previous information provided, is there any other fact or circumstance, involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?
If **Yes**, please explain: _____

10. If you answered **Yes** to any of these questions, please explain here: _____

Agreement and Authorization (Please initial each statement below)

- _____ The information contained herein is true and complete to the best of my knowledge.
- _____ I understand that false information may be grounds for not accepting me or for immediate termination of employment at any point in the future if I am accepted.
- _____ I understand that it is my personal obligation in maintaining a safe environment for all, to notify my pastor, principal or supervisor if I am arrested, accused of, or convicted of a crime after signing this form.
- _____ I hereby authorize the Diocese of Corpus Christi to inquire and verify any information contained in this application or which I submit as part of this application process.

Signature _____ Date _____