

IMPORTANT: PLEASE READ EACH QUESTION BEFORE ANSWERING

Because the Archdiocese of Mobile cares for our children, youth and adults and desires to protect them, we ask you to please answer the following questions. We understand these questions are personal, and we will take all reasonable precautions to protect your privacy.

*Name _____

*Social Security Number _____

Driver's License Number _____ State _____

*Date of Birth _____ Place of Birth _____
City State Country

*** Information needed to conduct required background check.**

1. Has a civil or criminal complaint ever been filed against you alleging sexual misconduct or child abuse by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)? Yes No

If yes, explain in full (attach a separate sheet of paper if necessary). Please provide the date, nature and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify, by name and title, the person(s) who investigated the complaint.

2. Have you ever chosen not to renew or continue any employment or volunteer services, had your employment or volunteer services terminated or been subject to disciplinary action, **for reasons relating to allegations of sexual misconduct or child abuse by you?** Yes No

If yes, please explain (attach a separate sheet of paper if necessary). Please include in your explanation the date, nature and place of the occurrence(s), allegation(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.

3. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes No

If yes, please explain (attach a separate sheet of paper if necessary). Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.

4. Are you presently abusing alcohol or using any illegal drugs? Yes No

Please read and complete the Release Statement and Acknowledgment Form attached to this form.



Archdiocese of Mobile Application for Employment

Parish/School/Entity _____ City _____

This Application will remain available for a period of three months after it is submitted. Any applicant who wishes to be considered for a position after that time period must submit another application.

Name _____

Address _____ Email _____

Daytime Phone (_____) _____ Other Phone (_____) _____

Are you a United States citizen or alien legally authorized to work in the United States? Yes No

Emergency Contact Person _____ Phone (_____) _____

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Are you under contract now? Yes No Full Time Part Time

Have you previously been employed by Archdiocese of Mobile? Yes No

If yes, what position? _____ Reason for leaving _____

Have you applied to this diocese before? Yes No Where? _____ When? _____

Who referred you to this location? _____

Education

School Level	Name and Location of School	No. of Yrs attended?	Did you graduate?	Subjects studied	Degree Received
Grammar School					
High School					
College					
Postgraduate School					
Trade, Business or Correspondence School					
Other Training					

Do you hold teaching certification or professional certification? Yes No

If teacher certification, rank and specialty or other endorsements _____

If you hold a state certification, date of certification and certifying agency

List any skills, talents, education, training or experience, other than that listed above, which qualifies you for the position you are seeking:

List three personal references you have known three years or more (not former employers).

1. Name _____

Address _____ Phone (H) (____) _____

City _____ State _____ Zip _____ Phone (W) (____) _____

2. Name _____

Address _____ Phone (H) (____) _____

City _____ State _____ Zip _____ Phone (W) (____) _____

3. Name _____

Address _____ Phone (H) (____) _____

City _____ State _____ Zip _____ Phone (W) (____) _____

General

Subjects of special study or research work _____

Special training _____

Special skills _____

Former Employers (List below three employers, starting with last one first).

1. Name and address of present or last employer.

_____ Phone (____) _____

Starting date _____ Ending date _____ Part Time Full Time

Month Year Month Year

Weekly starting salary _____ Weekly final salary _____

Job title _____ May we contact your supervisor? _____

Name and title of supervisor _____ Supervisor's email address _____

Description of work _____

Reason for leaving _____

2. Name and address of employer prior to 1.

Starting date _____ Ending date _____ Part Time Full Time

Month Year Month Year

Weekly starting salary _____ Weekly final salary _____

Job title _____ May we contact your supervisor? _____

Name and title of supervisor _____ Supervisor's email address _____

Description of work _____

Reason for leaving _____

3. Name and address of employer prior to 2.

Starting date _____ Ending date _____ Part Time Full Time

Month Year Month Year

Weekly starting salary _____ Weekly final salary _____

Job title _____ May we contact your supervisor? _____

Name and title of supervisor _____ Supervisor's email address _____

Description of work _____

Reason for leaving _____

Attach a copy of your resume. If no resume, initial here _____

Attach a photo (optional). If no photo, initial here _____

Any offer of employment is subject to the successful completion of a criminal background and reference check.

Applicant Signature Date

Applicant/Volunteer Release Statement

IMPORTANT: THE FOLLOWING STATEMENT MUST BE READ AND SIGNED

- The information provided in this Application is true correct and complete. If employed or accepted as a volunteer, any misstatement or omission of fact on this Application may result in my dismissal.
- I grant permission to the Archdiocese of Mobile to conduct a pre-employment or pre-volunteer screening of my background and references and release the Archdiocese of Mobile and the Archdiocesan schools, parishes, organizations, agencies, ministries, and other entities if applicable, from any and all resultant liability. This screening may include, but is not limited to, background investigations, criminal history checks, consumer reports, investigative consumer reports and other reports, which may bear upon an applicant or volunteer's fitness for a position. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on my upon my written request to the entity preparing the report, when the request is made within a reasonable time after the date thereof.
- I grant permission to the Archdiocese of Mobile to release this Application and attendant documents to the appropriate department, agency, search/committee and prospective supervisor within the Archdiocese of Mobile. I understand my signature absolves and releases the Archdiocese of Mobile from any and all liability for any and all legal action involving relinquishment of the information to others.
- I hereby release any reference contact, whether identified or not in this Application, and waive any and all claims and liability for damages of whatever kind or nature which may at any time result to me, my heirs/family, on account of compliance with this authorization, excepting only the communication of knowingly false information.
- I will abide by the policies and procedures of the Archdiocese of Mobile.
- If employed, I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
- I will be required to furnish proof of identify and eligibility to work in the U. S. once a conditional job offer has been made.
- I am aware that background checks may be updated periodically.
- Upon termination, I authorize the release of reference information by the Archdiocese of Mobile.
- I intend this to be legally binding Release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.
- I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENTS. I SIGN THIS RELEASE AS MY OWN FREE ACT.

Name _____ (Printed)

Signature _____ Date _____
Applicant's Signature Date Signed