



OTHER EXPERIENCE: Include all full-time work experience during the past five years, whether or not it has pertinence for a position in education. List the most recent first.

EMPLOYER AND ADDRESS	NATURE OF EXPERIENCE	FROM MO. YR.	TO MO. YR.

Enter below any CCD or other formally organized out-of-school religious education programs, for either children or adults, in which you assist.

name of parish or school \_\_\_\_\_

grade level \_\_\_\_\_ hours per week \_\_\_\_\_ no. of students \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4. RELATED INFORMATION**

REFERENCES: (Three persons able to give information about your qualifications for the position for which you are applying.)

NAME	ADDRESS	OFFICIAL POSITION

How soon will you be available? \_\_\_\_\_

If under contract, when are you required to sign next year's contract? \_\_\_\_\_. Reasons for leaving your present (or most recent) employment.

If you have placement papers on file with a placement bureau or college placement office, give its full name and address here. \_\_\_\_\_

Have you ever been convicted of a felony or a crime involving dishonesty, a controlled substance, or child? \_\_\_\_\_

Have you ever entered into a criminal diversion agreement? \_\_\_\_\_

Have you ever had a certificate revoked, suspended or denied in any state(s)? \_\_\_\_\_ If yes, what action was taken and in what state? \_\_\_\_\_

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



Briefly describe your personal philosophy of education. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your leadership style. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your vision of an ideal Catholic school. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

A background check will be conducted on all prospective new employees.  
Please sign the enclosed Authorization for Background Check and return it with your application.

ROMAN CATHOLIC DIOCESE OF SALINA

Notification and Authorization for a Background Check for Catholic School Teachers, Parish Ministers, Staff and Volunteers

I, as a school teacher/parish minister, in the Roman Catholic Church, authorize the Diocese of Salina through its independent contractors to procure an investigative report on me. This investigative report or background check may include any information bearing on my criminal and civil history/record and any other public record that contains information bearing on my character, general reputation, trustworthiness and/or mode of living.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon written request to the Diocese of Salina that is made within a reasonable time after the date the investigation was conducted.

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TO WHOM IT MAY CONCERN:

I hereby authorize and request law enforcement departments or related agencies to furnish all information in their possession regarding me which pertains to any criminal convictions or information that is relevant to my work with children or minors. I am willing that a photocopy of this authorization is accepted with the same authority as the original.

Print Name \_\_\_\_\_
First Middle Last

If name changed (via marriage or otherwise) print former name(s) here \_\_\_\_\_

Complete Residence Address \_\_\_\_\_
Street Address City State Zip County

Date of Birth \_\_\_\_\_ Gender: male/female

Social Security Number (for identification purposes only) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

List state(s) along with the counties that you have resided in the past five (5) years:

This background check is in regards to employment/volunteer at: \_\_\_\_\_
Name of parish/school and city

Please check the following that apply to you or check other and explain:

School Principal

School Teacher

School Substitute Teacher

School Staff (Secretary, Cook, Janitor, etc.)

School Parent Volunteer

School Coach

Other \_\_\_\_\_

Religious Education Coordinator

Catechist

CYO/Youth Minister

Religious Ed. Parent Volunteer

Parish Staff

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Once completed and signed, please detach this form and return it to your parish pastor, pastoral administrator, parish religious education director or school administrator.