

Non-Certified

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

## PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ( )
City, State, Zip			Business Telephone ( )
Have you ever applied for employment with us? Yes No If yes: Month and Year _____ Location _____			Social Security #
Position Desired			Full Time Part Time
Last physical exam date			Last TB test date
Are you legally eligible for employment in the United States?			Are you a U.S. Citizen? Yes No
Are you over 18 years of age? Yes No If not, employment is subject to verification of age.			Number of dependents, including yourself
Have you ever been bonded? Yes No If "Yes," with what employers?			When will you be available to begin work?
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If "Yes," describe in full.			
State names of relatives and friends working for us, other than your spouse.			
Have you received Worker's Compensation or Disability Income payments. Yes No If "Yes," describe.			
Have you physical defects which preclude you from performing certain jobs? Yes No If "Yes," describe limitation.			
Do you have any physical condition which might limit your ability to perform the job for which you are applying? Yes No If "Yes," describe this condition and how you can perform the job in spite of it.			
Have you had a major illness in the past 5 years? Yes No If "Yes," please describe.			
Other special training or skills (languages, machine operation, etc.)			

<b>Membership in Professional or Civic Organizations</b> (Exclude those which may disclose your race, color, religion or national origin)



Company Name	Telephone (     )
Address	Employed - (State month and year) From                      To
Name of Supervisor	Weekly pay Start                      Last
State Job Title and Describe Your Work _____	Reason for Leaving
Company Name	Telephone (     )
Address	Employed - (State month and year) From                      To
Name of Supervisor	Weekly pay Start                      Last
State Job Title and Describe Your Work _____	Reason for Leaving

*DO NOT CONTACT*

We may contact the employers listed above unless you indicate those you do not want us to contact.      Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces?	Yes	No	If "Yes," in what Branch?
	Describe any training received relevant to the position for which you are applying. _____ _____			

Personal References: (List three) Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why would you like to have this position? \_\_\_\_\_  
 \_\_\_\_\_

What do you feel most qualifies you for this position? \_\_\_\_\_  
 \_\_\_\_\_

# SIGNATURE

I am knowledgeable of the Kansas Code for Care of Children and the policies of the Diocese of Salina in regard to mandated reporting of suspected child abuse/neglect and sexual abuse/sexual exploitation and discussed it with my employer.

I fully understand my responsibility for reporting incidents of suspected abuse/neglect and sexual abuse/sexual exploitation. I understand the provisions of the Kansas Code for Care of Children and the policies of this institution in this regard.

I have not been convicted of child or sexual abuse or any other felony.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

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.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

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Date

Signature

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:

- |                                                                        |                                                          |
|------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> School Principal                              | <input type="checkbox"/> Religious Education Coordinator |
| <input type="checkbox"/> School Teacher                                | <input type="checkbox"/> Catechist                       |
| <input type="checkbox"/> School Substitute Teacher                     | <input type="checkbox"/> CYO/Youth Minister              |
| <input type="checkbox"/> School Staff (Secretary, Cook, Janitor, etc.) | <input type="checkbox"/> Religious Ed. Parent Volunteer  |
| <input type="checkbox"/> School Parent Volunteer                       | <input type="checkbox"/> Parish Staff                    |
| <input type="checkbox"/> School Coach                                  |                                                          |
| <input type="checkbox"/> Other _____                                   |                                                          |

**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.