

Selected Sites

Please indicate the city and the name of the parishes/schools with which you would like this application to be registered.

City Where Parish is Located	Name of Parish/School/Diocesan Ministry
*	*

Residential History

If you have lived in your current residence for longer than 5 years you need not complete this block.

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			

Employment History (Last 5 years listing most recent first)

_____ Check here if you have no employment history.

Dates of Employment (mm/yyyy)	Company name And address (City, State, Zip)	Immediate Supervisor name & Phone Number	Position Held/Job Description	Reason for Leaving position
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

Educational History (High School and later)

Dates (mm/yyyy) (Start with most recent)	School name And address (City, State, Zip)	Type of School	Name of Program or Degree	Program Completed?
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

References

*** Minimum of Two is Required**

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

Background Check Information

* Have you ever been the subject of an official investigation under canon (church) law and/or civil (state or U.S.) law related to an allegation of physical, sexual, or emotional abuse of a child or an adult? _____ Yes _____ No

* If yes, please explain: _____

* Full Name: First _____ Middle _____ Last _____

* Social Security Number: _____ - _____ - _____

* Driver's License or DPS ID #: State _____ Number _____

* Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

* Have you changed your last name in the past 7 years? _____ Yes _____ No

* If yes, what was your previous last name? _____

* Have you lived outside your current state in the last 7 years? _____ Yes _____ No

* If yes, in which state or country? _____

Declarations

The **Catholic Diocese of San Angelo** 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 read and initial each of the statements below. An application without these initialed, and without a signature is deemed incomplete, and will not be considered; **Do not sign this form until you have read and initialed all statements. If a current employee or volunteer does not initial these following declarations they will be terminated. If you don't understand these declarations, check with your pastor before signing; to do so, check here _____.**

* _____ I hereby authorize the **Catholic Diocese of San Angelo** ("Diocese") to investigate my personal and professional background, for my application at Diocese. Diocese may contact any references, past and current employers, church, youth organizations or agencies, individual or organization deemed relevant to my application.

* _____ I also authorize Diocese to investigate my criminal background in arrest records, abuse registry, and driving record. Any information obtained from sources that I provide will be held confidentially by Diocese and will be revealed to me upon my written request. I understand that periodic criminal background checks will be conducted prior to and during my service. I authorize investigations of all statements contained in the application.

* _____ I agree to observe all Diocese guidelines and policies for the program in which I am applying. I understand that Diocese has a policy of ZERO TOLERANCE FOR ABUSE and takes all such allegations seriously. I further understand that Diocese 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, but if I sign below, I understand that any false statements and/or omissions I make in this application including failure to include the contents of a sealed criminal record regarding my status as a subject of an official investigation related to an allegation of physical, sexual, or emotional abuse of a child or an adult may be grounds for denial of my application or dismissal from my ministry involvement. By my signature, I certify that I have read and understand all of the above. I sign of my own free will. All statements made in this application are true.

Applicant Signature * _____ **Date: *** ____/____/____

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

Screening Committee Member Signature: _____ **Date:** ____/____/____