

Residential History

Check here if you have lived in your current residence for longer than 5 years.

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

If you have lived in your current residence for 5 or more years, please do not complete residential history. You only need to check the box at top of this section.

Employment History

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	Starting & Ending Salary	Reason for Leaving position
Beg. Date _____ End Date _____					
Beg. Date _____ End Date _____					
Beg. Date _____ End Date _____					

Start with current employer and indicate employment history for the last 10 years. If current employer, end date will be current.

Educational History

Check here if you have no educational history.

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 _____				

Educational history should include high school and forward. If currently enrolled in program, end date will be current.

Volunteer History

_____ Check here if you have no volunteer history.

Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, end date will be current.

References

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				
Personal				
Family Member				

Declarations

The **Catholic Diocese of Austin** 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.

_____ 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 **Catholic Diocese of Austin** to conduct a personal and professional background check for the purposes of my application at the **Catholic Diocese of Austin**. The **Catholic Diocese of Austin** 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 **Catholic Diocese of Austin's** contact with the individuals for purposes of employment or volunteer services.

_____ I also hereby give complete permission for the **Catholic Diocese of Austin** 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 understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by the **Catholic Diocese of Austin** and not revealed to me. 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 the **Catholic Diocese of Austin** guidelines and policies for the program in which I am applying.

_____ I understand that the **Catholic Diocese of Austin** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Catholic Diocese of Austin** 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.

_____ I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide employment and/or volunteer services and that refusal to inform the **Catholic Diocese of Austin** of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ 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:** _____ / _____ / _____

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

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

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

Background Check Information

_____Yes _____No To the best of your knowledge, have you ever been the subject of a complaint submitted through this, or any dioceses', Ethics and Integrity in Ministry/Safe Environment process, or of any other complaint involving allegations of child abuse, abuse of a vulnerable person, or any other inappropriate act?

If yes, please explain: _____

_____Yes _____No Will anything be revealed on your background check that might impact your service in a parish, school or diocese agency setting?

If yes, please explain: _____

_____Yes _____No Do you have any medical history (physical or mental health) that might impact your service in a parish, school, or diocese agency setting?

If yes, please explain: _____

_____Yes _____No Have you changed your last name in the past 3 years?

If yes, what was your previous last name? _____

_____Yes _____No Have you lived outside your current state in the last 5 years?

If yes, what state did you live in? _____

Social Security Number: _____ - _____ - _____

Note: If you cannot supply your Social Security # you must have a letter of reference on file at your parish.

Driver's License: State _____ Number _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____