



Diocese of San Angelo
Application for Employees and Volunteers
** Volunteers Need to Provide Only Information Marked by **

Main Application

Name: * _____ *
 First Middle Last

Street Address: * _____

City/State/Zip: * _____ * _____ * _____
 City State Zip

Length at Current Address: * ____ Years * ____ Months

Home Phone: * _____
 Area Code Number

Work Phone: _____
 Area Code Number

Cell Phone: _____
 Area Code Number

Email Address: _____

Diocese of San Angelo Questionnaire

At which entity within the Diocese do you seek employment or to volunteer

* _____

* Type of Application:
 Employment Volunteer

* Please indicate if you are:

_____ A current employee or volunteer for this parish

or

_____ Not currently an employee or volunteer, but applying to become an employee or volunteer

* What position do you currently hold (or for which you are applying)? _____

Please check if applicable:

_____ You are a member of the **clergy seeking service** in the diocese

_____ You are a **deacon aspirant**

_____ You are a **seminarian**

_____ You are a **woman religious**

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:** ____/____/____