

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS:

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

NAME: _____ SOCIAL SECURITY NO: _____

EMAIL ADDRESS: _____

PERMANENT ADDRESS _____

PHONE: _____ HOW LONG AT ABOVE ADDRESS? _____

PREVIOUS ADDRESS: _____ HOW LONG? _____

POSITION APPLIED FOR _____ DATE YOU CAN START _____

Please mark the appropriate box.

ARE YOU OVER 21? Yes NO (If NO, Hire is Subject to Minimum Legal Age Verification)

HAVE YOU EVER BEEN BONDED? No / Yes - IF SO, WHEN: _____

HAVE YOU BEEN CONVICTED OF A CRIME THE PAST 10 YEARS (Including Traffic Violations)

No / Yes -EXPLAIN _____

DO YOU HAVE ANY PHYSICAL HANDICAPS PREVENTING YOU FROM DOING CERTAIN TYPE OF WORK?

No /Yes - EXPLAIN _____

NAME & LOCATION OF SCHOOL	LAST GRADE FINISHED	GRADUATED? YES NO	MAJOR/DEGREE	GRADE POINT AVERAGE
		YES NO		
		YES NO		
		YES NO		
		YES NO		

	Masters Yes No			
	Doctorate Yes No			
	Other:			

EMPLOYMENT HISTORY

LIST in REVERSE ORDER BEGINNING WITH PRESENT EMPLOYER

Company worked for Name	Position or Job Title	Dates		Salary		Reason for leaving
		From	To	Beginning	Ending	
Address						
City state Zip						
Contact Name, Phone and Email address						

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City State Zip						
Contact Name, Phone and Email address						

May we contact employers listed above as a reference? YES NO Please circle one.

Signature:

Date:

Background Review for Church Employees and Volunteers

This questionnaire is being used to help the Church provide a safe and secure environment for all children, adults, and clergy who participate in our ministries.

Date:

Personal Information

Full Name:

Present Address:

City: State: Zip Code:

Home Phone:

Email address:

Marital Status: Married Single Engaged Divorced Remarried Widowed

Social Security Number:

Driver's License Number:

Please answer the following questions. If necessary, please use additional paper for your answers.

1. Has any charge, claim, or complaint ever been made that you engaged in inappropriate sexual behavior or misconduct with adults or children? If yes, please explain:

2. Has any charge, claim, or complaint ever been made that you used Church funds at your disposal in an inappropriate way? If yes, please explain

3. Have you ever been convicted of a serious misdemeanor or a felon offense? If yes, please explain:

4. Have you ever been arrested or charged with driving under the influence? If yes, please explain:

5. Have you attended the required educational sessions on child abuse and sexual misconduct conducted by the Diocese of Western North Carolina? If yes, submit a copy of the certificate.

6. Do you have any medical problem that could affect your ability to supervise young people? If yes, please describe:

7. Is there anything else about yourself that you feel we need to know at this time?

STATEMENT OF APPLICANT (Please read carefully before signing)

All information submitted by me in this questionnaire is true and complete to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of further consideration of my application.

I understand and agree that a background review may be conducted with respect to me in the above areas and that information I have provided may be verified by contacting persons and organizations with whom I may have had contact or which may have information concerning me. I agree to release from liability and damages the Diocese of Western North Carolina and its agent(s) who conduct and participate in any such review and those individuals, organizations, and their agent(s) who provide information about me during ffis review.

I authorize all such persons to treat a photocopy of this Authorization as though it were an original, executed Authorization.

Dated this day of 20 at

Signature
Please Print your name