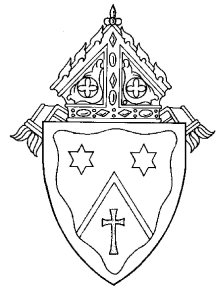


# DIOCESE OF GAYLORD

## APPLICATION FOR EMPLOYMENT

611 W. North Street, Gaylord, MI 49735

Fax 989.705.3589



### PERSONAL INFORMATION

NAME

LAST

FIRST

MIDDLE

DATE

PRESENT ADDRESS

STREET

CITY

STATE

PERMANENT ADDRESS

STREET

CITY

STATE

PHONE NO.

ARE YOU 18 YEARS OR OLDER?

Yes

No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES \_\_\_\_\_ NO \_\_\_\_\_ UNCERTAIN \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION

DATE YOU  
CAN START

SALARY  
DESIRED

PARISH / SCHOOL / OTHER

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED FOR EMPLOYMENT  
WITHIN THIS DIOCESE BEFORE?

WHERE?

WHEN?

REFERRED BY:

ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES FOR YOUR DESIRED POSITION? YES \_\_\_\_\_ NO \_\_\_\_\_ UNCERTAIN \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	HOW MANY YEARS ATTENDED ?	DID YOU GRADUATE?	SUBJECT/MAJOR
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

(CONTINUED ON THE OTHER SIDE)

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (RECREATIONAL,CIVIC, ATHLETIC, ETC.)

U.S. MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IF HIRED, I AGREE TO CONFORM TO THE EMPLOYER'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE EMPLOYER'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE EMPLOYER.

DATE

APPLICANT SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

ATTACH RESUME'

HIRED: Yes

No

POSITION

EMPLOYING ENTITY:

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED BY:

SIGNATURE

**DIOCESE OF GAYLORD**  
**EMPLOYEE & VOLUNTEER CRIMINAL BACKGROUND CHECK**  
**AUTHORIZATION AND RELEASE FORM**

*(Please be sure to complete both sides and print very clearly.)*

Requesting Entity: \_\_\_\_\_  
(Parish/School) (City)

As a church, we all value the safety of children in our care as well as the employees and volunteers and those whom we serve. In a continuing effort to protect our human and material resources, the Diocese of Gaylord requires a criminal history background check and/or driving record check for all employees and volunteers who regularly work with minors. As part of our safe environment program, it is necessary for you to complete this form and authorization. *Please note: This information is being requested only for purposes of identification in obtaining accurate retrieval of records. Disclosure of your Social Security Number is optional but very helpful.*

**Information:**

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's license (or State ID) #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Social Security #: \_\_\_\_\_

Known by any other name(s) (maiden or aliases): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Number of years in Michigan: \_\_\_\_\_

If less than 7 years, previous residence(s) outside of Michigan:

a. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position(s):  Professional Educator (i.e. certified school teacher)  DRE/Youth Minister  Catechist  
 Office Staff  Musician  Single Event Chaperone  Priest  Deacon  
 Religious Sister  Other (please list) \_\_\_\_\_

Does this position require regular contact with children/youth (under age 18):  Yes  No

Status:  Employee  Volunteer (estimated service hours per month \_\_\_\_\_)

NOTE: Diocesan policy requires fingerprinting in addition to completion of this form for ALL employees and those paid by stipend – regardless of position. Volunteers who serve in ministry with minors eight (8) or more hours per month are also required to complete a fingerprint background check. Background checks for volunteers working with minors less than eight (8) hours per month will be conducted using information on this form.

Sent for fingerprinting:  Yes  No

**Verification:**

- I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.
- I have been convicted of, or pled guilty or nolo contendere (no contest) to the following crimes:

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**Authorization:**

I understand that investigative inquiries on my criminal and/or driving background are to be made on me to assess whether any reason exists that would suggest that I not be accepted for the position. These inquiries will be made according to policies of the Diocese of Gaylord and may be repeated at the discretion of the diocese. I authorize any individual, company, firm, corporation or public agency to divulge any and all of the above-mentioned information, verbal or written, pertaining to me, to the Diocese of Gaylord, or its agents. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting the necessary investigation.

I understand that upon request I am entitled to receive a copy of the investigative report and may dispute the accuracy of the report within 60 days after its receipt. I further understand that my employment, service and access to minors or other vulnerable persons prior to completion of the background check may be restricted by the Requesting Entity. I further understand that the Requesting Entity may take adverse action regarding my employment or volunteer service after procurement of the above-mentioned information and report, and I hereby release the Requesting Entity, Diocese of Gaylord, and its agents, officials, representatives or assigns from any and all liability or damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of the information procured in compliance with this Authorization and Request to Release.

I understand the information received will be kept confidential and will be used only to determine my suitability to be employed or volunteer for the above-noted position.

\_\_\_\_\_  
(Signature of Volunteer/Employee)

\_\_\_\_\_  
(Date)