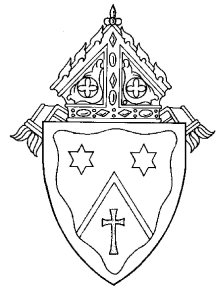


DIOCESE OF GAYLORD

APPLICATION FOR EMPLOYMENT

611 W. North Street, Gaylord, MI 49735

Fax 989.705.3589



PERSONAL INFORMATION

NAME _____ DATE _____
LAST FIRST MIDDLE

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 _____

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 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: _____

Home Phone: _____ Cell Phone: _____

Race: _____ Sex: F ___ M ___ Social Security #: _____

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

Place of Employment: _____

Status: ___Employee ___Priest ___Volunteer (estimated service hours p/month) ___ Other _____

Does this position require regular contact with children/youth (under 18 years of age)? ___Yes ___No

NOTE: Diocesan policy requires fingerprinting in addition to completion of this form for all employees, regardless of position. Volunteers who served 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 _____

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 will 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 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 Employee/Volunteer)

 (Date)

LIVESCAN FINGERPRINT REQUEST

Return completed form after fingerprint capture to:

Employer or state licensing authority ***

I. CJIS Information: Type or clearly print answers to all fields.	
1. Date Printed	2. Picture ID Type Presented
3. TCN Number	4. Live Scan Operator
5. Requesting Agency ID 8558T	6. Agency Name Diocese of Gaylord

II. Applicant Information: Type or clearly print answers to all fields.		
1a. First Name	1b. Middle Initial	1c. Last Name
2. Date of Birth	3. Race	4. Sex
5. Address		
6. City	7. State	8. ZIP Code

Fingerprint Reason
Code:

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

Signature: _____

Date: _____

28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. ****

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162

COMPLIANCE: Voluntary, however failure to complete this Agreement will result in denial of request.