



**Residential History**

\_\_\_\_\_ Check here if you have lived in your current residence for 5 or more years.

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.

| Dates (mm/yyyy)                   | Street Address | City/State/Zip | Country |
|-----------------------------------|----------------|----------------|---------|
| Beg. Date _____<br>End Date _____ |                |                |         |
| Beg. Date _____<br>End Date _____ |                |                |         |
| Beg. Date _____<br>End Date _____ |                |                |         |

**Employment History**

\_\_\_\_\_ Check here if you: (1) are a volunteer, (2) are applying for a paid teaching position in a catholic school or (3) have no employment history.

Start with current employer and indicate employment history for the last 3 employers. If current employer, end date should be current.

| 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 _____<br>End Date _____ |   |  |                               |                             |
| Beg. Date _____<br>End Date _____ |   |  |                               |                             |
| Beg. Date _____<br>End Date _____ |   |  |                               |                             |

**Educational History**

\_\_\_\_\_ Check here if you: (1) are a volunteer, (2) are applying for a paid teaching position in a catholic school or (3) have no educational history.

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

| 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 _____<br>End Date _____        |  |                |                           |                    |
| Beg. Date _____<br>End Date _____        |  |                |                           |                    |
| Beg. Date _____<br>End Date _____        |  |                |                           |                    |

## Volunteer History

Check here if you have no volunteer history or are applying for a paid employee position.

Volunteer history should include 5 of your most recent activities. If you do not have 5, list as many as you do have. If you are still participating in a volunteer program, end date should be current.

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

## Confidential Background Check Information

Please note: Information in this section is only used as part of a confidential criminal background check and review by a diocesan official.

Yes  No Have you ever for any reason been suspended, dismissed or asked to resign a paid or volunteer position?

If yes, please explain \_\_\_\_\_

Yes  No Have you ever been convicted or plead guilty or no contest to, placed on probation for, given probation, given community supervision, or given adjudication for a crime or are you now under charges for any criminal offense?

If yes, please explain \_\_\_\_\_

Yes  No Have you ever been accused of or arrested for physically, sexually, or emotionally abusing a child or an adult?

If yes, please explain: \_\_\_\_\_

Answering 'yes' to the above three (3) questions will not automatically exclude you from employment or volunteer service.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

(Birth date information is required for identification purposes only.)

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Yes  No Have you changed your last name in the past 7 years?

If yes, what was your previous last name? \_\_\_\_\_

Yes  No At any time during the past 5 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in?

If yes, what state did you live in? \_\_\_\_\_

## Declarations

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

\_\_\_\_\_ I also hereby give complete permission for the **Catholic Diocese of Jackson** 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 Jackson**. 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 Jackson** guidelines and policies for the program in which I am applying.

\_\_\_\_\_ I understand that the **Catholic Diocese of Jackson** has a **ZERO TOLERANCE FOR ABUSE** and takes all allegations of abuse seriously. I further understand that the **Catholic Diocese of Jackson** 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 Jackson** of the contents of a sealed criminal record will result in the automatic denial of the application.

\_\_\_\_\_ I understand that nothing in this application should be construed as a contract of employment. I confirm that unless I have a written contract signed by a Diocesan representative vested with authority to execute such contracts my Employment is "at will".

\_\_\_\_\_ I understand that the **Catholic Diocese of Jackson** does not discriminate on the basis of race, color, national origin and/or ethnic origin, sex, age or disability in any employment decision.

\_\_\_\_\_ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 |
|------------------------------|-----------------------|
|                              |                       |
|                              |                       |
|                              |                       |
|                              |                       |
|                              |                       |

**Lay Church Personnel  
Acknowledgment of Receipt  
Of  
Protection of Children-Diocese of Jackson**

I have read the following documentation and I am prepared to abide by the following policies and procedures to which I have attached my initials in parenthesis:

- |   |  |     |
|---|--|-----|
| 1 | Bishop Kopacz Letter   | ( ) |
| 2 | Creating a Safe Environment for Our Children                                 | ( ) |
| 3 | Electronic Communications Policy   | ( ) |
| 4 | Code of Ethical Principles and Standards for Church Employees and Volunteers | ( ) |
| 5 | Policy Against Sexual Abuse of a Minor By Lay Church Personnel               | ( ) |
| 6 | Civil Reporting Requirements/Diocesan Reporting Procedures                   | ( ) |
| 7 | Guidelines Concerning All Youth and Student Trips                            | ( ) |

**I have read the above listed policies/procedures and documentation. I understand their meaning and agree to conduct myself in accordance with their principles.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date