



Catholic Archdiocese of New Orleans Application for Employees & Volunteers

Please answer all questions and fill in all appropriate blanks. Items that have an asterisk (*) have to be answered in order for the application to be complete and a background check run.

Main Application

*Name: _____
First Middle Last Suffix

*Street Address: _____

*City/State/Zip: _____
City State Zip

*Civil Parish: _____

*Length at current address _____ Years _____ Months

*Home Phone: _____
Area Code Number

Work Phone: _____
Area Code Number

Cell Phone: _____
Area Code Number

Email Address: _____

Diocese Questionnaire

Please specify your parish membership. If not a member, please leave blank:

If you are a member, please specify for how long: _____
Years Months

If no, are you a member of a parish outside of the diocese? ____yes ____no

If you are a member of another parish, please enter the name and location:

*What role(s) do you fill at the parish or school? *Primary* _____

Other(s) _____

*Type of Application: _____
Employee Volunteer

*Are you the parent of a child under 18? ____yes ____no

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

*What interests you about the position you currently hold (or for which you are applying)?

*What has prepared you for the position that you currently hold (or for which you are applying)?

***Residential History**

_____ Check here if you have lived in your current residence for longer than 5 years. *If checked, proceed to next section.*

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			

***Employment History**

_____ Check here if you have no employment history. *If checked, proceed to next section.*

Start with current employer & indicate employment history for the last 5 years. If current employer, list end date as current.

Dates of Employment (mm/yyyy)	Company Name & Address (City,State, Zip-if known)	Immediate Supervisor's 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**

_____ Check here if you have no educational history. *If checked, proceed to next section.*

Educational history should include high school and forward. If currently enrolled in a program. List end date as current.

Dates (mm/yyyy) (Start with most recent)	School Name and Address (City, State, Zip-if known)	Type of School (high school, college, university, etc)	Name of Degree or Program	Program Completed? (Y/N)
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

***Volunteer History**

_____ Check here if you have no volunteer history. *If checked, proceed to next section.*

Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, list end date as current.

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

References

*Reference Name (First/Last)	*Address (City, State, Zip)	*Daytime Phone (including area code)	Years Known	Agreed to be a reference? (Y/N)
Professional/Civic				
Personal				

Confidential Background Check Information

Please note: Information in this section is only used to obtain criminal records, which are reviewed by a diocesan official in strictest confidence.

* _____ 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 (use back of application if needed):

Social Security Number: _____ - _____ - _____

*Driver's License: State _____ Number _____

*Date of Birth: Month _____ Day _____ Year _____

*Gender: Male _____ Female _____

* _____ Yes _____ No Have you changed your last name in the past 5 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? _____

Name of Applicant (Please Print Clearly) _____

Date of Birth (mm/dd/yyyy) _____

Declarations

The **Catholic Archdiocese of New Orleans** 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.

_____ * The **Catholic Archdiocese of New Orleans** may contact any references, past and current employers, church, youth organizations or 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 Archdiocese of New Orleans's** contact with the individuals for purposes of employment or volunteer services.

_____ * I agree to observe all of the **Catholic Archdiocese of New Orleans** guidelines and policies for the program in which I am applying.

_____ * I understand that the **Catholic Archdiocese of New Orleans** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Catholic Archdiocese of New Orleans** 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 Archdiocese of New Orleans** of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ * 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 Archdiocese of New Orleans**. I have also read and understand the above stated information within this release and am signing below of my own free will.

_____ * 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. At least one should be entered.

*City Where Parish is Located	*Name of Parish/School

- Have you gone through the Child Protection training? Date: _____
- Have you had a background check done previously by a Catholic Church or Catholic School?
____ Yes ____ No
 - If yes, please indicate which school or church and approximate date
