



# Archdiocese of Mobile Application for Employment

Parish/School/Entity \_\_\_\_\_ City \_\_\_\_\_

This form must be attached to the Archdiocesan Screening Form to complete Employment Application. This application will remain available for a period of one year after it is submitted. Any applicant who wishes to be considered for a position after that time period should submit another application.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Are you a United States citizen or alien legally authorized to work in the United States? Yes  No

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you under contract now? Yes  No  Full Time  Part Time

Have you previously been employed by Archdiocese of Mobile? Yes  No

If yes, what position? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Have you applied to this diocese before? Yes  No  Where? \_\_\_\_\_ When? \_\_\_\_\_

Who referred you to this location? \_\_\_\_\_

### EDUCATION

School Level	Name and Location of School	No. of yrs. attended?	Did you graduate?	Subjects studied	Degree Received
Grammar School					
High School					
College					
Postgraduate School					
Trade, Business or Correspondence School					
Other Training					

Do you hold teaching certification or professional certification?      Yes       No

Teacher certification, rank and specialty or other endorsements \_\_\_\_\_

Other certification(s): List certificate, date of certification and certifying agency

\_\_\_\_\_

List any skills, talents, education, training or experience, other than that listed above, which qualifies you for the position you are seeking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List three personal references you have known three years or more (not former employers).

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (W) \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (W) \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (W) \_\_\_\_\_

## GENERAL

Subjects of special study or research work

\_\_\_\_\_

\_\_\_\_\_

Special training

\_\_\_\_\_

Special skills

\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS** (List below three employers, starting with last one first).

**1. Current employer.** Name: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Starting date \_\_\_\_\_ Ending date \_\_\_\_\_ Part Time  Full Time

Month Year Month Year

Weekly starting salary \_\_\_\_\_ Weekly final salary \_\_\_\_\_

Job title \_\_\_\_\_ May we contact your supervisor? \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Supervisor's email address \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**2. Name and address of employer prior to 1.** Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Starting date \_\_\_\_\_ Ending date \_\_\_\_\_ Part Time  Full Time

Month Year Month Year

Weekly starting salary \_\_\_\_\_ Weekly final salary \_\_\_\_\_

Job title \_\_\_\_\_ May we contact your supervisor? \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Supervisor's email address \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**3. Name and address of employer prior to 2.** Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Starting date \_\_\_\_\_ Ending date \_\_\_\_\_ Part Time  Full Time

Month Year Month Year

Weekly starting salary \_\_\_\_\_ Weekly final salary \_\_\_\_\_

Job title \_\_\_\_\_ May we contact your supervisor? \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Supervisor's email address \_\_\_\_\_

Description of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Attach a copy of your resume.** If no resume, initial here \_\_\_\_\_

**Attach a photo (optional).** If no photo, initial here \_\_\_\_\_

STATEMENT OF NONDISCRIMINATION: The Archdiocese of Mobile is committed to providing equal employment opportunities for all persons regardless of race, color, gender, age, national origin, citizenship status, disability, or status as a disabled veteran of the Vietnam era.

Any offer of employment is subject to the successful completion of a criminal background and reference check.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Lifestyle Expectations Based Upon Catholic Beliefs**

It is our faith that life is a gift from God which we are called to respect from conception to natural death. We believe that God creates people in his own image as male and female. He has instituted marriage as a life long covenant relationship between one man and one woman and calls husbands and wives to exclusive sexual fidelity. We believe that sexual relations outside of marriage are inconsistent with God's call to holiness in our lives. We believe that anything that separates the conjugal act from procreation (for example, in vitro fertilization) is inconsistent with the dignity of human sexuality. We further believe that pornographic material undermines the dignity and image of God in individuals and promotes sexual conduct contrary to our Catholic beliefs.

We require all who serve in the Archdiocese of Mobile to live in accord with our beliefs regarding human life, sexuality and marriage. Some may not affirm their agreement with our beliefs regarding human life, sexuality and marriage, and they are not required to affirm our beliefs if contrary to their own conscience, but all who serve in the Archdiocese of Mobile are required to live in accord with our beliefs regarding human life, sexuality and marriage and to do nothing to undermine, subvert or contradict our beliefs.

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*(applicant's signature)*

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*(date)*



# Archdiocese of Mobile Screening Form

**Check One**

Religious   
  Volunteer   
  Employee   
  Job Applicant

Parish/School/Entity \_\_\_\_\_ City \_\_\_\_\_

This Screening Form is to be completed by all applicants for any position (volunteer or compensated). This is not an employment application. Persons seeking employment will be required to provide additional information. This process is used to help the Church provide a safe and secure environment for children, youth and adults who participate in our programs and use our facilities. **You may not volunteer or work with youth in any Archdiocesan ministry until your background check has been completed and approved.**

\*Legal Name \_\_\_\_\_

Last	First	Middle	Maiden
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Address: \_\_\_\_\_

	City	State	Zip
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Other names used within the last 7 years: \_\_\_\_\_

\*Social Security Number (please indicated **none** if you do not have a SSN): \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

	City	State	Country
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Green Card/Student Visa Number: \_\_\_\_\_ Driver's License: \_\_\_\_\_

	Number	State
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Daytime Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

List one personal reference you have known three years or more.

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Other Phone(\_\_\_\_) \_\_\_\_\_

Are you a registered member of the parish?    Yes     Since \_\_\_\_\_    No

List all other churches you have attended or been involved with during the last five years:

Church	County	State	From	To
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\_\_\_\_\_

\_\_\_\_\_

**\*Information must be provided in order to complete the required background check.**

Name \_\_\_\_\_

In what ministry/ies will you be working/volunteering?

<b>School</b>	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Employee	<input type="checkbox"/> Other _____
<b>Parish</b>	<input type="checkbox"/> Religious Ed	<input type="checkbox"/> VBS	<input type="checkbox"/> Employee	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> Scouts	<input type="checkbox"/> CYO Coach	
<b>Religious</b>	<input type="checkbox"/> Priest	<input type="checkbox"/> Deacon	<input type="checkbox"/> Seminarian	<input type="checkbox"/> Religious Sister
<b>Archdiocesan Office</b>	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employee	<input type="checkbox"/> Position _____	

**IMPORTANT: PLEASE READ EACH QUESTION BEFORE ANSWERING**

1. Has a civil or criminal complaint ever been filed against you alleging sexual misconduct or child abuse by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)? Yes  No

If yes, explain in full (attach a separate sheet of paper if necessary). Please provide the date, nature and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify, by name and title, the person(s) who investigated the complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever chosen not to renew or continue any employment or volunteer services, had your employment or volunteer services terminated or been subject to disciplinary action, **for reasons relating to allegations of sexual misconduct or child abuse by you?** Yes  No

If yes, please explain (attach a separate sheet of paper if necessary). Please include in your explanation the date, nature and place of the occurrence(s), allegation(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes  No

If yes, please explain (attach a separate sheet of paper if necessary). Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you presently abusing alcohol or using any illegal drugs? Yes  No

**Please read and complete the Release Statement and Acknowledgment Form attached to this form.**



## Archdiocese of Mobile Acknowledgement

Acknowledgement of Receipt and Review of the Archdiocese of Mobile Child Protection Policy

This is to acknowledge the Archdiocese of Mobile Child Protection Policy is available to me for my review on the Archdiocesan website.

I understand that I am responsible for complying with the Policy as stated and, if I am an employee or volunteer, that questions or clarifications regarding the Policy should be directed to my immediate supervisor or to the Archdiocesan Office of Administration. If I am a priest, deacon, religious, or seminarian, I understand that questions should be referred to the Archbishop or his designee.

I further understand that the Archdiocese of Mobile reserves the right to change, modify and/or revise any part of the Policy at any time.

Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Parish/School/Agency: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_