

Residential History

_____ Check here if you have lived in your current residence for longer than 7 years.

If you have lived in your current residence for 7 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 _____ End Date _____			
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			

Employment History

_____ Check here if you have no employment history.

Start with current employer and indicate employment history for the last 7 years. If current employer, end date will 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 _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

Educational History

_____ Check here if you have no educational history.

Educational history should include high school and forward. If currently enrolled in program, end date will 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 _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

Volunteer History

_____ Check here if you have no volunteer history.

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

Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	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

A Professional reference is a reference from a Supervisor you have worked for in a professional and/or volunteer activity.

A Personal reference is a reference from a friend, co-worker (including volunteer activities) and/or family member.

Reference Name First/Last	Address (City, State, Zip)	Daytime Phone	How long have you known this Person?
Professional			
Professional			
Professional			
Personal			

Confidential Background Check Information

Please note: Information in this section is only used to obtain criminal records, which are reviewed by an archdiocesan official/your organization designee in strictest confidence.

_____ Yes _____ No Have you ever had a founded case against you for child abuse or neglect?

If yes, please explain: _____

_____ Yes _____ No Have you ever been convicted of a crime? (Felony or misdemeanor, except minor traffic violations?)

If yes, please explain _____

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

If yes, what was your previous last name? _____

Driver's License: State _____ Number _____

Gender: Male _____ Female _____

Declarations

The **Archdiocese of Chicago** 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 purpose of our community. Please read and initial each of the statements below.

_____ I declare that all statements contained in this application are true and agree that any misrepresentation or omission is cause for rejection of my application or dismissal from my position.

_____ I hereby authorize the **Archdiocese of Chicago** to conduct a personal and professional background check for the purposes of my application with my Organization/Religious Community. My **Organization/Religious Community** 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 also hereby give complete permission for the **Archdiocese of Chicago** to conduct a criminal background check, abuse registry check, and driving record check for the purposes of my employment on behalf of my **Organization/Religious Community**. I further authorize the **Archdiocese of Chicago** to conduct such checks periodically throughout my employment or volunteer service.

_____ 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 **Archdiocese of Chicago and by my Organization/Religious Community** and not revealed to me except as required by law. 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 agree to observe all of the guidelines and policies applicable to my employment or volunteer service in my hiring **Organization/Religious Community**.

_____ I understand that the **Archdiocese of Chicago** has a **ZERO TOLERANCE FOR ABUSE** and takes all allegations of abuse seriously. I further understand that the **Archdiocese of Chicago** 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.

_____ I authorize the **Archdiocese of Chicago** to share this information with my hiring **Organization/Religious Community** and with all parishes/schools/agencies of the **Archdiocese of Chicago** at which I work or volunteer.

_____ 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:** ____/____/____

For Administrator Use Only

_____ I testify that the original signed declaration form is on file.

Form Entered By: _____
First Name Last Name

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

If additional space is needed, please use reverse side.