



# Catholic Diocese of Baton Rouge 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:

\_\_\_\_\_

\*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.

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

**References**

<b>*Reference Name (First/Last)</b>	<b>*Address (City, State, Zip)</b>	<b>*Daytime Phone (including area code)</b>	<b>Years Known</b>	<b>Agreed to be a reference? (Y/N)</b>
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 Diocese of Baton Rouge** 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 Baton Rouge** to conduct a personal and professional background check for the purposes of my application at the **Catholic Diocese of Baton Rouge**. The **Catholic Diocese of Baton Rouge** 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 Diocese of Baton Rouge's** contact with the individuals for purposes of employment or volunteer services.

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

\_\_\_\_\_ \* I understand that the **Catholic Diocese of Baton Rouge** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Catholic Diocese of Baton Rouge** 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 Baton Rouge** 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 Diocese of Baton Rouge**. 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? \_\_\_\_Yes \_\_\_\_No
- 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

\_\_\_\_\_