



Diocese of Pittsburgh Application for Employees & Volunteers

The Diocese of Pittsburgh appreciates your willingness to share your faith, your gifts, your talents, your abilities and your time for the good of the Church and the spread of the Gospel of Christ. At the same time, the Diocese of Pittsburgh is committed to assuring that children and young people are protected by maintaining a safe environment. One of the ways that this safe environment is created and maintained is by employing adequate screening of all those who have regular contact with children under the auspices of the Church. Your cooperation in taking the time to complete this application is a testament to your own commitment to safeguarding our children. **Note: 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

*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 the parish where you are a registered member. If not a member, please leave blank:

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

*Are you currently an employee of a parish or school? (Check one) _____ Yes _____ No

*Are you currently a volunteer of a parish or school? (Check one) _____ Yes _____ No

*Are you currently a parent of a child under age 18? (Check one) _____ Yes _____ No

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

Other(s) _____

*What interests you about the position(s)? _____

*What has prepared you for the position(s) 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 **five (5)** years. Otherwise, list below any residences other than your current residence where you have lived for the past **five (5)** years.

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. Otherwise, start with current employer & indicate employment history for the last **five (5)** years. If current employer, end date will be "Current".

Dates of Employment (mm/yyyy)	Company Name & Address including City, State and Zip	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 beyond elementary school. Otherwise, include high school and forward. If currently enrolled in a program, end date will be "Current".

Dates (mm/yyyy) (Start with most recent)	School Name and Address including City, State and Zip	Type of School	Name of Program or Degree	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. Otherwise, include four (4) of your most recent volunteer activities. If you are still participating in a volunteer program, end date will be "Current".

Dates (mm/yyyy) (Start with most recent)	Name of Organization + City, State, Zip	Contact	Contact's Phone Number	Position/Job Title
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

References

Applicants for paid positions, list four (4) references. Volunteers, list three (3) [Professional + Personal + Family Member]

*Reference's First & Last Name	*Address, Including City, State, Zip	*Daytime Phone (including area code)	Years Known	Person agrees to be a reference?(Y/N)
Professional:				
Professional:				
Personal:				
Family Member:				

Confidential Background Check Information

*Have you ever been arrested for physically, sexually, or emotionally abusing a child or an adult? (check one) _____ Yes _____ No

If yes, please explain (use back of application if needed): _____

*Social Security Number (paid employees only): _____ - _____ - _____

Driver's License: State _____ Number _____

*Date of Birth: Month _____ Day _____ Year _____

*Gender: Male _____ Female _____

*Have you changed your last name in the past 5 years? (check one) _____ Yes _____ No

If "yes", what was your previous last name? _____

*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 of Pennsylvania? (check one) _____ Yes _____ No

If yes, what state did you live in? _____

Declarations

The safety of anyone, especially children, who are entrusted to the care of the Catholic Diocese of Pittsburgh is of the highest importance. In the interest of assisting in creating a safe environment in our parishes and schools, please 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 Pittsburgh** to conduct a personal and professional check for the purposes of my application at the **Catholic Diocese of Pittsburgh**. The **Catholic Diocese of Pittsburgh** 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 Pittsburgh's** contact with the individuals for purposes of employment or volunteer services.

_____ * I also hereby authorize the **Catholic Diocese of Pittsburgh** 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 Pittsburgh** and not revealed to me. If the **Catholic Diocese of Pittsburgh** should obtain information from sources other than those provided by me, that information will be held in strictest confidence and I understand that the **Diocese** will not reveal it to me except as required by law.

_____ * I understand that a criminal background check will be conducted prior to and during my service. I authorize investigation of all statements contained in the application.

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

_____ * I understand that the **Catholic Diocese of Pittsburgh** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Catholic Diocese of Pittsburgh** 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. If there is an ongoing investigation into any allegations of abuse of either a minor or vulnerable person, I understand that I may not participate in either my parish and/or school employment or volunteer activity until the issue is resolved.

_____ * 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 Pittsburgh** of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ * My signature indicates that I have read and understand the above stated information within this release and am signing of my own free will. **Do not sign until you have read and initialed the above statements.**

*Applicant Signature _____ *Date: ____/____/____

Selected Sites

Please indicate the location(s) and name(s) of the parishes and/or schools in which you would like this application to be registered. At least one should be entered.

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