

Expiration Date _____

CATHOLIC DIOCESE OF RICHMOND
APPLICATION FOR EMPLOYMENT
 Lay and Religious Employees

The Diocese of Richmond considers all applicants for positions without regard to race, color, national origin, age, marital or veteran status, handicap or medical condition, religion, sex, status, except where such is a bona fide occupational qualification for the position sought.

Notice to Applicant: This application, unless rejected, shall be active for a period of 60 days from the application date, unless updated by the applicant.

1. Position Type:	<input type="checkbox"/>	Full time	<input type="checkbox"/>	Part time
2. Position Applied For:	_____			
3. Employment Location Desired:	_____			
4. Name: _____	5. <input type="checkbox"/> Lay <input type="checkbox"/> Sr. <input type="checkbox"/> Br. <input type="checkbox"/> Fr.			
Last, First, Middle Initial	6. SSN: ____ - ____ - ____			
7. Address: _____				
Number/Street Address			City/State/Zip Code	
8. Telephone No.: (h) _____	Telephone No.: (w) _____			
9. Earliest date available for employment: _____				
10. Are you over 18 and legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Have you ever been employed with the Diocese of Richmond or any of its parishes, schools or offices before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate last date, position, location, and supervisor: _____				
12. a. Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain: _____				
b. Have you ever been charged with, accused of, or convicted of child abuse or sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach explanation. _____				
13. Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Explain any moving traffic violation convictions during the past four years: _____				

EDUCATION/QUALIFICATIONS/SKILLS

1. Check the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name(s) and address(es) of college(s), hours or degrees completed, major and dates attended:

College Name:

Address:

Hours or Degrees completed: _____

Dates Attended: From: _____ To: _____

Major: _____

3. If applying for a teaching position, answer the following:

a. Check general levels of competence and list subject areas.

Subject areas

Early/Primary Education Pre-K - 3 _____

Elementary Education Pre-K - 6 _____

Middle Education 6 - 8 _____

Secondary Grades 6 - 12 _____

b. Do you hold a current state teaching certificate? Yes No If yes:

State: _____

Expiration Date: _____

Endorsements: _____

Type: _____

4. Catholic in Good Standing. If the position requires (see position description) that the candidate be a Catholic in good standing, please furnish the name, title and address of an individual (e.g., a pastor) who can verify your standing in the Catholic Church.

Name:

Title:

Address:

5. Other relevant education or training: _____

6. List any skills (including computer skills) or abilities which are relevant to your consideration for the position applied for: _____

WORK HISTORY: Provide requested information beginning with most recent employment.

1. Job Title: _____		Dates: From: _____ To: _____	
Name and Address of Employer: _____		Name, Title, and Phone Number of Supervisor: _____	
Reason for Leaving: _____	Beginning Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	
Description of Work: _____			

2. Job Title: _____		Dates: From: _____ To: _____	
Name and Address of Employer: _____		Name, Title, and Phone Number of Supervisor: _____	
Reason for Leaving: _____	Beginning Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	
Description of Work: _____			

3. Job Title: _____		Dates: From: _____ To: _____	
Name and Address of Employer: _____		Name, Title, and Phone Number of Supervisor: _____	
Reason for Leaving: _____	Beginning Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	
Description of Work: _____			

4. Job Title: _____		Dates: From: _____ To: _____	
Name and Address of Employer: _____		Name, Title, and Phone Number of Supervisor: _____	
Reason for Leaving: _____	Beginning Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	
Description of Work: _____			

5. Job Title: _____		Dates: From: _____ To: _____	
Name and Address of Employer: _____		Name, Title, and Phone Number of Supervisor: _____	
Reason for Leaving: _____	Beginning Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	
Description of Work: _____			

***Please attach additional pages if needed.**

PERSONAL REFERENCES

Please provide the name, relationship, phone number, and address of three persons we could contact about you (no relatives):

1.Name: _____	Relationship: _____	Phone Number: _____	Address: _____
2.Name: _____	Relationship: _____	Phone Number: _____	Address: _____
3.Name: _____	Relationship: _____	Phone Number: _____	Address: _____

CRIMINAL RECORDS CHECK

1. **Applicants for school positions. this includes Daycare or Childcare positions.** The undersigned applicant, if a candidate for any school position, understands that any offer of employment shall be conditioned on receipt of a "Qualified" report resulting from the Central Criminal Records Exchange of the Virginia State Police and the FBI criminal history records required by *Va. Code Ann. §§19.2-389 and 22.1-296.3*. In addition, a Search of the Central Registry of Child Protective Services of the Department of Social Services will be conducted. By making this application, I consent to such a review.

Signature: _____ Date: _____

2. **Applicants for parish or chancery positions.**
- a. I understand that application for any parish or chancery position requires a review of criminal records through the Central Criminal Records Exchange of the Virginia State Police and Sex Offender Search, as well as a Search in the Central Registry of Child Protective Services of the Virginia Department of Social Services. By making this application I consent to such a review.
- b. OR, if I have been a resident outside Virginia during the past seven years, I understand that a pertinent review of criminal records will be completed by an agency approved by the Diocesan Office of Human Resources, as well as, the Search of the Central Registry by Child Protective Services of the Department of Social Services. By making this application I consent to such an review, if applicable.

Signature: _____ Date: _____

ALL APPLICANTS MUST SIGN:

I hereby certify (and consent to verification with appropriate individuals or organizations) that all entries made on pages 1 through 4 of this application above and any attachments related thereto are true and complete. I understand that any falsification of information (by omission or commission) may, at anytime, without notice, at the discretion of the Diocese of Richmond, cause termination of my application, or, if already employed by the Diocese, my employment.

Signature of Applicant _____ Date: _____