



Catholic Charities of the Diocese of Raleigh Application for Employees and Contract Workers

Main Application

Name: _____
 First Middle Last

Street Address: _____

City/State/Zip: _____
 City State Zip

Home Phone: _____
 Area Code Number

Cell Phone: _____
 Area Code Number

Work Phone: _____
 Area Code Number

Email Address: _____

Catholic Charities Questionnaire

Types of Application: Employment
 Contract Worker

Catholic Charities of the Diocese of Raleigh participates in E-Verify. All employees, within three days of beginning work, must provide proof of eligibility to work in the United States.

What position are you applying for?

What interests you about the position you are applying for?

What has prepared you for the position that you are applying for?

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, do not complete the residential history. You only need to check the box at the top of this sections.

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date: _____			
Beg. Date _____ End Date: _____			

Employment History

_____ Check here if you have no employment history.

Start with your 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 any experience applicable to the position to which you are applying. If you are still participating in a volunteer program, do not list an end date.

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: _____				

References

Reference Name First/Last	Address (City/State/Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to be a reference?
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family Member				

Declarations

The **Catholic Charities of the Diocese of Raleigh, Inc.** 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 position.

_____ I agree to observe all of **Catholic Charities of the Diocese of Raleigh** guidelines and policies for the program in which I am applying, especially the Code of Conduct for Church Personnel for the Diocese of Raleigh.

_____ I understand that Catholic Charities has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Catholic Charities of the Diocese of Raleigh** 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 hereby authorize **Catholic Charities of the Diocese of Raleigh** to conduct a personal and professional background check for the purposes of my application at **Catholic Charities of the Diocese of Raleigh**. **Catholic Charities of the Diocese of Raleigh** 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 **Catholic Charities of the Diocese of Raleigh** contact with the individuals for purposes of 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 **Catholic Charities of the Diocese of Raleigh**. I have also read and understood the above stated information within this release and am signing below of my own free will.

_____ I hereby acknowledge that I have been notified in a separate writing that **Catholic Charities of the Diocese of Raleigh** may request a Consumer Report about me. I understand that the Consumer Report may contain information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that the Consumer Report may contain public record information such as consumer credit reports, criminal records, judgments, liens, driving records, educational history, prior employment history, or other public record information.
I further understand that information may be requested from various Federal, State, local and other agencies that reflects my past activities.

_____ By my signature below, I authorize **Catholic Charities of the Diocese of Raleigh** to request and obtain a Consumer Report containing, without limitation, the above-described information in connection with my application. I also authorize, without reservation, any person, agency, or other entity contacted by or on behalf of **Catholic Charities** to furnish the above described or similar information. Also by my signature below, I waive any and all causes of action that I may have against **Catholic Charities of the Diocese of Raleigh** caused by the gathering or supplying of the above described or similar information.

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

_____ 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: _____ / _____ / _____

Confidential Background Check Information

Please note: Information in this section is only used to obtain criminal records, which are reviewed by a Catholic Charities official in strictest confidence.

_____ Yes _____ No Have you ever been convicted for physically, sexually, or emotionally abusing a child or an adult?

If yes, please explain: _____

_____ Yes _____ No Has a civil lawsuit or employment complaint ever been filed against you for child abuse or sexual abuse?

If yes, please explain _____

_____ Yes _____ No Have you ever left an assignment or employment or been removed from an assignment or employment for reasons related to allegation of child abuse, physical abuse, or sexual abuse?

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? _____

_____ Yes _____ No At any time during the past 7 years have you lived in a different state (within in the United States) or do you currently live outside the state this Diocese is located in?

If yes, what state did you live in? _____

To be completed ONLY after an offer of a position is made:

Social Security Number: _____ - _____ - _____

Driver's License: State _____ Number _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female: _____