

**Archdiocese of Newark:
Application for Employees and Volunteers**

Main Application		
Name: _____		
Last	First	Middle
Street Address: _____		
City/State/Zip: _____		
City	State	Zip
Time at Current Address: _____ years _____ months		
Home Phone: _____		
Area Code	Number	
Work Phone: _____		
Area Code	Number	
Cell Phone: _____		
Area Code	Number	
Email Address: _____		
If you are applying for employment, are you either a United States citizen or an alien authorized to work in the United States? Yes ___ No ___		

Archdiocese of Newark Questionnaire	
Type of Application: _____	
Employment	Volunteer
Please check if applicable:	
_____	You are a member of the clergy seeking service in the Archdiocese
_____	You are a deacon aspirant
_____	You are a seminarian
Please indicate if you are:	
_____	A current employee or volunteer for this parish or
_____	Not currently an employee or volunteer, but applying to become an employee or volunteer
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)?	

If you are applying as a volunteer, please specify your parish membership. If not a member, please leave blank:	
Parish _____	City _____
If you are a member, please specify for how long: _____ years _____ months	

Residential History

_____ Check here if you have lived in your current residence for longer than 5 years. Do not complete the rest of this section.

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
From _____ To _____			
From _____ To _____			
From _____ To _____			

Employment History. Start with current employer and indicate employment history for the last 5 years. If current employer, first "to" date will be current.

_____ Check here if you have no employment history.

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
From _____ To _____				
From _____ To _____				
From _____ To _____				

Educational History. Should include high school and forward. If currently enrolled in program, last "to" date will be current.

_____ Check here if you have no educational history.

Dates (mm/yyyy) (Start with most recent)	School name and address (City, State, Zip)	Type of School	Name of Program or Degree	Program Completed?
From _____ To _____				
From _____ To _____				
From _____ To _____				

Volunteer History. Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, then indicate "to" date as current.

_____ Check here if you have no volunteer history.

Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

Local Safe Environment Coordinator Procedures

Declarations

The **Archdiocese of Newark** 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 **Archdiocese of Newark** to conduct a personal and professional background check for the purposes of my application at the **Archdiocese of Newark**. The **Archdiocese of Newark** 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 **Archdiocese of Newark's** contact with the individuals for purposes of employment or volunteer services.

_____ I also hereby give complete permission for the **Archdiocese of Newark** 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, and agree to cooperate as necessary with the background screening process.

_____ 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 Newark** and not revealed to me. 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 may 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 **Archdiocese of Newark** guidelines and policies for the program in which I am applying.

_____ I understand that the **Archdiocese of Newark** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Archdiocese of Newark** 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 **Archdiocese of Newark** 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. **Do not sign until you have read and initialed the above statements.**

Applicant Signature _____ Date: ____/____/____

I have reviewed this application and have noted any missing information.

Screening Staff Member 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.

City Where Parish is Located	Name of Parish/School