



DIOCESE OF ERIE  
OFFICE FOR THE PROTECTION OF CHILDREN AND YOUTH  
**Application for Employees Working with Children\Youth**

Please print in ink

Date \_\_\_\_\_

**Name of Parish/School/Agency/Institution to which you are applying:** \_\_\_\_\_

**Position applying for:** \_\_\_\_\_ **When can you start?** \_\_\_\_\_

**How did you learn of this position?** \_\_\_\_\_

<b>Applicant Information</b>
Name (first, middle, last)  _____
Address (street, city, state, zip code)  _____
Phone Number(s)  _____
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (if hired, you will be required to provide proof of work authorization.) _____
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.  _____
Have you every pleaded “guilty” or “no contest” or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain 1) nature of the crime, 2) date of conviction, and 3) state and county in which convicted. (A conviction will not necessarily bar you from employment. You should not disclose any information regarding criminal records that have been sealed.) _____
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when: _____
Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when: _____
If they have been explained, are you able to meet the attendance requirements of the position? _____
Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the job’s “essential functions” to respond.

**Education**

- High School Graduate     High School Equivalent     2yr Technical     Some College     College Graduate

Name of Institution: \_\_\_\_\_

- Bachelors     Masters     Doctorate     Other \_\_\_\_\_

Degree received: \_\_\_\_\_

**Employment History** (Start with the most recent; use a separate sheet if necessary.)

Name of employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Position/Title \_\_\_\_\_

Employment dates (from-to) \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Description of duties:

\_\_\_\_\_

Name of employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Position/Title \_\_\_\_\_

Employment dates (from-to) \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Description of duties:

\_\_\_\_\_

Name of employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Position/Title \_\_\_\_\_

Employment dates (from-to) \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Description of duties:

\_\_\_\_\_

**Special Skills**

If relevant please describe any special training, skills( including software knowledge), hobbies

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If relevant please list any groups, clubs, organizational memberships

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**Required License(s)**

If required to drive a motor vehicle for the job applying for, fill in:

1)Driver's license number \_\_\_\_\_ 2) State issued: \_\_\_\_\_ 3) expires \_\_\_\_\_

Are you licensed/have certifications which will assist in the job? Please explain:  Yes  No

**References:**

Please list three individuals familiar with your job qualifications.

Name _____	Name _____
Relationship _____	Relationship _____
How long known? _____	How long known? _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

Name \_\_\_\_\_

Relationship \_\_\_\_\_

How long known? \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

**All applicants must sign statement below:**

All information in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.

I authorize the named entity to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organizations providing information pertaining to me or my employment. I understand that upon receiving a job offer, a physical examination and drug screening may be required.

The named entity does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local laws. Within the provision of the First Amendment of the US Constitution however, we may require that due to the ministerial nature of the work to be performed, an applicant must be a practicing member of the Roman Catholic Church. In those cases, such requirement will be clearly stated in the position description and in any related advertisement for the particular job opening.

Regardless of whether or not I become employed by the named parish/school/Agency/Institution, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the named parish/school/Agency/Institution is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the named parish/school/Agency/Institution's, unless specifically provided otherwise in a written employment contract. I further understand that no parish/school/Agency/Institution employee or representative has the authority to enter into a contract regarding duration of terms and conditions of employment other than an officer or official of the named parish/school/Agency/Institution and then only by means of a signed written document.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Supervisor:**

Approved for Employment  No  Yes \_\_\_\_\_ (initials) Date \_\_\_\_\_