



Application for Employment

INSTRUCTIONS: Please complete all of the questions accurately and fully. *Attach additional sheets if needed.*

The Diocese of West Tennessee is an equal opportunity employer and fully subscribes to the principles of equal employment opportunity. The Diocese of West Tennessee considers applicants for all positions without regard to race, color, national origin, sex, age, disabled status, marital status, veteran status and, in almost all instances, religion. To the extent religion is a bona fide occupational qualification in a particular employment situation, The Diocese of West Tennessee may base such an employment decision on religion.

Today's date: _____

PERSONAL DATA

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

How long at current address? _____

Home phone: _____

Work phone: _____

Best time to contact you: _____

Email address: _____

Driver license number: _____ State: _____

Social Security number: _____ Date of Birth: _____

Are you legally eligible to work in this country?

Yes No

Note: Before you are fingerprinted, you will be required to show documents verifying your employment eligibility and identity and to complete the INS Form I-9 as required by the Immigration Reform and Control Act.

Please list your addresses in the past ten years:

For what position are you applying? _____

What interests you about the position for which you are currently applying?

What has prepared you for the position for which you are currently applying?

EMPLOYMENT HISTORY

Please list all of your prior employers, covering the past TEN years, providing the following information for each. *Use additional sheets if needed.*

CURRENT EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Immediate supervisor name: _____

Immediate supervisor phone number: _____

Position held: _____

Dates of employment: from: _____ to: _____

Reason for leaving position: _____

PREVIOUS EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Immediate supervisor name: _____

Immediate supervisor phone number: _____

Position held: _____

Dates of employment: from: _____ to: _____

Reason for leaving position: _____

PREVIOUS EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Immediate supervisor name: _____

Immediate supervisor phone number: _____

Position held: _____

Dates of employment: from: _____ to: _____

Reason for leaving position: _____

PREVIOUS EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Immediate supervisor name: _____

Immediate supervisor phone number: _____

Position held: _____

Dates of employment: from: _____ to: _____

Reason for leaving position: _____

PREVIOUS EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Immediate supervisor name: _____

Immediate supervisor phone number: _____

Position held: _____

Dates of employment: from: _____ to: _____

Reason for leaving position: _____

Have you ever been terminated or asked to resign? Yes No

If so, please list employer and reason for termination or request for resignation:

VOLUNTEER EXPERIENCE

Please list all experience working with children or youth, providing the following information for each. Use additional sheets if necessary.

Organization: _____

Address: _____

Contact: _____

Phone: _____

Duties: _____

Dates volunteered: from: _____ to: _____

Organization: _____

Address: _____

Contact: _____

Phone: _____

Duties: _____

Dates volunteered: from: _____ to: _____

Organization: _____

Contact: _____

Phone: _____

Duties: _____

Dates volunteered: from: _____ to: _____

Organization: _____

Address: _____

Contact: _____

Phone: _____

Duties: _____

Dates volunteered: from: _____ to: _____

EDUCATIONAL HISTORY

High School

Name of High School: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of school: _____

Name of program or degree: _____

Program completed? Yes No

College or Additional Training

Name of school: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of school: _____

Name of program or degree: _____

Program completed? Yes No

Name of school: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of school: _____

Name of program or degree: _____

Program completed? Yes No

PROFESSIONAL REFERENCES (at least 2)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

How long have you known this person? _____

Relationship to you: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

How long have you known this person? _____

Relationship to you: _____

PERSONAL REFERENCES

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

How long have you known this person? _____

Relationship to you: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

How long have you known this person? _____

Relationship to you: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

How long have you known this person? _____

Relationship to you: _____

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?

Yes No

If yes, please explain and give date of offense _____

Have you ever been convicted of or pled guilty to a felony? Yes No

If yes, please explain and give date of offense _____

Have you ever been convicted of or pled guilty to a misdemeanor offense, other than a minor driving offense? Yes No

If yes, please explain and give date of offense _____

CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH

Read and initial each item to signify your agreement to comply with the statement. You have been provided with *The Diocese of West Tennessee Policies for the Protection of Children and Youth from Abuse*. It is required that you read this document prior to completing this application.

_____ I agree to do my best to prevent abuse and neglect among children and youth involved in church activities and services.

_____ I agree not to physically, sexually or emotionally abuse or neglect a child or youth.

_____ I agree to comply with the policies for GENERAL CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH defined in the *Policies for the Protection of Children and Youth from Abuse*.

_____ I agree to comply with the GUIDELINES FOR APPROPRIATE AFFECTION with children and youth.

_____ In the event that I observe any inappropriate behaviors or possible policy violations with children or youth, I agree to immediately report my observations to appropriate church leaders and state authorities in accordance with the *Policies for the Protection of Children and Youth from Abuse*.

_____ I acknowledge my obligation and responsibility to protect children and youth and agree to report known or suspected abuse of children or youth to appropriate church leaders and state authorities in accordance with the *Policies for the Protection of Children and Youth from Abuse*.

_____ I understand that the church will not tolerate abuse of children and youth and I agree to comply in spirit and in action with this position.

NOTE: You will be asked to submit to a Fingerprint Background Check that will include all FBI and TBI criminal records and by signing this application you authorize your prospective employer to comply with all applicable procedures for the collection of your fingerprints and for their submission to the Tennessee Bureau of Investigation and The Federal Bureau of Investigation. You also by signing this application agree that the Episcopal Diocese of West Tennessee's authorized employees may receive the results of any criminal record check and may submit them to the parish to which you are applying. In addition, a copy of your Non-Criminal Justice Privacy Rights is attached to this application and you acknowledge that you understand your rights as contained in that document. Until such time as the abovementioned Criminal Record Check has been completed, you may be denied unsupervised access to children. Your initials indicate that you have read the above mentioned privacy rights and have read this note.

Applicant's initials _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- **You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.**
- **If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.**
- **The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²**

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

ACKNOWLEDGMENT, RELEASE AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or for my discharge if I have already been hired I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal record, sexual offender registry or other qualifications for my employment. I also authorize The Diocese of West Tennessee to request and receive such information.

If hired, I agree to be bound by The Diocese of West Tennessee's policies and procedures, including but not limited to its Policies for the Protection of Children and Youth from Abuse and Code of Conduct for the Protection of Children and Youth. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of The Diocese of West Tennessee and without prior notice to me. I also understand that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of The Diocese of West Tennessee or myself. Nothing contained in this application or in any pre- employment communication is intended to or creates a contract between myself and The Diocese of West Tennessee for employment or the providing of any benefit.

I also agree to release and hold harmless The Diocese of West Tennessee, their officers, employees, agents and volunteers from any and all liability as it relates to any investigation taken by them regarding the information contained in this application, or any action by them as a result of such investigation.

I also agree to release and hold harmless all past and present employers, schools, personal or professional references from any and all claims that I have, or which might arise against any or all of them from any and all liability as it relates to furnishing information as it relates to this application.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.

Signature

Date