

ARCHDIOCESE OF GALVESTON-HOUSTON

Application for Employment

Date: _____

PERSONAL	PRINT NAME _____				SOCIAL SECURITY NO. _____	
	LAST	FIRST	MIDDLE	MAIDEN		
	ADDRESS _____					
	STREET _____					
	CITY _____		STATE _____	ZIP _____	TELEPHONE _____	
	IN CASE OF EMERGENCY, NOTIFY _____					
	NAME _____		ADDRESS _____		TELEPHONE _____	
JOB INTEREST	POSITION DESIRED _____			REFERRED BY _____		
	DATE AVAILABLE _____			SALARY DESIRED _____		
	LIST NAMES OF RELATIVES EMPLOYED BY DIOCESE/PARISH _____					
	WERE YOU EVER EMPLOYED BY THE CATHOLIC CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	IF YES, WHERE AND WHEN? _____					
	HAVE YOU ANY PHYSICAL LIMITATIONS THAT PROHIBIT PERFORMANCE OF WORK FOR WHICH YOU ARE BEING CONSIDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE: _____					
EDUCATION	NAME		CITY/LOCATION		DEGREE/MAJOR	YEAR GRAD. CREDIT/HOURS
	HIGH SCHOOL					
	COLLEGE					
	OTHER					
	FOREIGN LANGUAGE _____				FLUENCY IN SPEAKING _____ IN WRITING _____	
	OTHER SPECIALIZED SKILLS _____					
	HOBBIES _____					
EXPERIENCE	STATE BRIEFLY ANY SPECIAL EXPERIENCE OR QUALIFICATIONS:					

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? ☐ YES ☐ NO IF YES, DESCRIBE:

EMPLOYMENT HISTORY						
PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER ACCOUNT FOR ALL PERIODS, INCLUDING UNEMPLOYMENT USE ADDITIONAL SHEET IF NECESSARY						
DATES MONTH & YEAR	EMPLOYER'S NAME ADDRESS AND PHONE NO.	1. 2. 3.	JOB TITLE DEPARTMENT NAME OF SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES	REASON FOR LEAVING
FROM					STARTING \$ PER	
TO					FINAL \$ PER	
FROM					STARTING \$ PER	
TO					FINAL \$ PER	
FROM					STARTING \$ PER	
TO					FINAL \$ PER	

REFERENCES		
NAME	OFFICE & RESIDENTIAL PHONE NO.	OCCUPATION

Pre-Employment Understanding

I voluntarily give the Diocese the right to make a thorough investigation of my current and former employment and activities and release from all liability or responsibility all persons, companies or corporations supplying such information.

I agree that the entire contents of this application form, as well as the report of any such investigation, may be used by the Diocese for any administrative purpose.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigation, will be sufficient grounds for immediate discharge.

I further understand that as a condition of employment I will be asked to complete and sign the necessary forms to comply with the Ethical Policies of the Diocese of Galveston-Houston.

Applicant's Signature _____ Date _____

The Diocese of Galveston-Houston is an Equal Opportunity Employer.

INTERVIEW COMMENTS		INTERVIEW COMMENTS	
BY	DATE	BY	DATE
REC.FOR HIRE		REC.FOR HIRE	
POSITION		POSITION	

HIRED _____ POSITION _____ SALARY _____ DEPARTMENT _____

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Genesis ECP Pre-Interview Questionnaire

Preferred Email: _____

What age group interests you?

- ☐ 18 month – 24 month olds
- ☐ 2 year olds
- ☐ 3 year olds
- ☐ 4 year olds

What staff position interests you?

- ☐ Lead Teacher
- ☐ Co-Teacher
- ☐ Substitute

What days of the week are you available to work?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

What strengths would you bring as an early childhood professional?

Why specifically, would you like to serve in a Catholic Early Childhood Program?



Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home

An applicant for temporary or permanent employment with a licensed child care facility, licensed child placing agency or registered child care home whose employment or potential employment with the facility, agency, or home involves direct interaction with, or the opportunity to interact and associate with, children must execute and submit the following affidavit with the application for employment:

STATE OF

COUNTY OF

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) [if none, write "None"]:

Signature

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signature _____

Date Signed _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____.

Signature of Notary Officer: _____

My commission expires: _____

{Seal, if any, of notarial officer}