

# ARCHDIOCESE OF GALVESTON-HOUSTON

## Application for Employment

Date: \_\_\_\_\_

<b>PERSONAL</b>	PRINT NAME _____				SOCIAL SECURITY NO. _____	
	LAST		FIRST		MIDDLE	
	ADDRESS _____					
	STREET _____					
	CITY		STATE		ZIP	
TELEPHONE _____						
IN CASE OF EMERGENCY, NOTIFY _____						
NAME		ADDRESS			TELEPHONE	
<b>JOB INTEREST</b>	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: _____						
<b>EDUCATION</b>	HIGH SCHOOL		NAME		CITY/LOCATION	
	COLLEGE				DEGREE/MAJOR	
	OTHER				YEAR GRAD. CREDIT/HOURS	
	FOREIGN LANGUAGE				FLUENCY IN SPEAKING <input type="checkbox"/> IN WRITING <input type="checkbox"/>	
	OTHER SPECIALIZED SKILLS _____					
	HOBBIES _____					
	STATE BRIEFLY ANY SPECIAL EXPERIENCE OR QUALIFICATIONS: _____					
<b>EXPERIENCE</b>	_____					
	_____					
	_____					
	_____					

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. JOB TITLE 2. DEPARTMENT 3. 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 \_\_\_\_\_

## 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?



## Pre-Employment Affidavit for Applicants for Employment at Certain Child Care Operations

The following affidavit is offered to satisfy the requirement of Texas Human Resources Code Section 42.0563, in accordance with Texas Civil Practices and Remedies Code Section 132.001.

Texas Human Resources Code Section 42.0563 requires an applicant for a position of employment at a General Residential Operation, Licensed Child Care Center, School-Age Program, Before and After-School Program, Licensed Child Care Home, and Registered Child Care Home to complete and submit, to the employing entity, this pre-employment affidavit disclosing whether the applicant has ever been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

This affidavit should be completed by the applicant during the application process and does not require notarization. The applicant may attach additional documentation to this form to support that a **charge** the applicant lists below was determined to be **false** (e.g., copy of the associated police report, certified copy of a court document, or extra pages which list all relevant facts), but this form must be completed in its entirety.

**I swear or affirm the following:**

- ☐ I **have never** been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- ☐ I **have been** charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The following are all relevant facts pertaining to the charge, adjudication, or conviction:

List all relevant facts for each **charge**, including whether the charge was determined to be **true** or **false**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the charge. If you do not have any charges, write **none**.

**Charge:**

The charge was determined to be: ☐ True ☐ False

**Charge:**

The charge was determined to be: ☐ True ☐ False

List all relevant facts for each **adjudication**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the adjudication. If you do not have any adjudications, write **none**.

List all relevant facts for each **conviction**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the conviction. If you do not have any convictions, write **none**.

#### Declaration of Applicant

I declare under penalty of perjury that the foregoing is true and correct. I understand that failure to disclose the information required by this affidavit is grounds for termination of employment.

Printed Name (First, Middle, Last):

Date of Birth:

Address (Street, City, State, Zip Code, Country):

Signature \_\_\_\_\_

Signed on \_\_\_\_\_, in state of \_\_\_\_\_, County of \_\_\_\_\_.