

EAppsDB User ID	
Password	

Archdiocese of OKC Application for Employees & Volunteers

Main Application (Please use your full legal name as it appears on your driver's license.)

Name:				
Legal First	Middle		Last	
Street Address:				
City/State/Zip:		State		
City  Length at current address	Yooro		Zip	
Length at current address	(ears	_ IVIOTIUTS		
Home Phone:			-	
	umber			
Work Phone: Area Code N	umber		-	
	umbei			
Cell Phone: Area Code Nu	umber		-	
Email Address:				
Ellion / tod. ssc.				
Archdiocese of OKC Question	iro			
			_	<del></del>
Please list church/churches regularly atte	·	•		To
<u>Church</u>	City/State	<u>}</u>	(mm/yyyy) (m	nm/yyyy)
Type of Application:				
Employment	Volunteer			
Please indicate if you are:				
A current employee or volunteer	for this parish			
or				
Not currently an employee or vol	unteer, but applying	to become an emple	oyee or volunteer	
What position do you currently hold (or fo			•	
What position do you danoin,	JI WITHOU YOU GIT SEE			<del></del>
Describe any formal or informal training	vou may have for w	orkina in this positior	n.	
Are you applying for a ministry related to	schools or vouth?	Vos No		
If applying for ministry related to schools	-			No
If yes, what level and why?	Or yours, ao , o	Ve all ago love.	3161100: 100	NO
11 you, what love, and, .				
References		,		
References cannot be family members references.	or clergy. Employ	ment applicants st	nould provide busines	s and professional
Reference Name	Occupation	Daytime	How long have	Has this person
First/Last AND Email Address	0000	Phone	you known this	agreed to
			Person?	be a reference?
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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
Beg. Date				
End Date				
Beg. Date				
End Date				
Beg. Date				
End Date				

E	Educational History				
Е	Educational history should include high school and forward. If currently enrolled in program, end date will be current.				
	Check here if you have no educational history.				
	Dates (mm/yyyy)	School name	Type of	Name of Program or	Program
	(Start with most	And address	School	Degree	Completed?
	recent)	(City, State, Zip)			
	Beg. Date				
	End Date				
	Beg. Date				
	End Date				
	Beg. Date				
	End Date				

## Volunteer History Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, end date will be current. Check here if you have no volunteer history. Dates (mm/yyyy) Organization Contact Contact Phone Position/Duties (Start with most City, State, Zip Number recent) Beg. Date **End Date** Confidential Background Check Information Please note: If this form is completed on-line, no parish official will have access to information in this section. Information in this section is only used to obtain criminal records, which are reviewed by a diocesan official in strictest confidence. \_No Have you ever been accused of or arrested for harassment or physically, sexually or emotionally abusing a child or an adult? If yes, please explain:\_ No Except for a minor traffic violation for which the fine was \$200 or less, or any offense that was finally settled in a Juvenile Court or under a Welfare Youth Offender Law, have you ever been arrested or convicted of any criminal offense? If yes, please explain:\_\_ No Have you ever terminated your employment or had your employment terminated for reasons of physical or sexual abuse or harassment? If yes, please explain: Yes \_\_\_\_\_ No Have you changed your last name in the past 5 years? If yes, what was your previous last name? \_\_\_ No At any time during the past 5 years have you lived in a different state (within the United States), or do you currently live outside the state this Diocese is located in? If yes, what state did you live in? \_ Social Security Number: \_\_\_ \_\_\_ - \_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \_\_\_ \_\_\_ (optional) \_\_\_\_\_ Number\_\_\_ Driver's License: State \_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ \_\_\_Male \_ \_\_\_Female Gender: \_ Date of Previous Background Check, if any: \_\_\_

If yes, were records found? \_\_\_\_\_Yes \_\_\_\_\_No

Declarations				
programs for our members is of utmost importance to	our willingness to share your faith, gifts and skills. Providing safe and secure to us. The information gathered in this application is designed to help us provide of our community. Please read and initial each of the statements below.			
character and fitness. I release such refer	I authorize any reference or church listed in this application to give you any information they may have regarding my character and fitness. I release such references and the School/Parish/Archdiocese of Oklahoma City from liability for any damage that may result from furnishing such information or evaluation to you, and I waive any right that I may have to inspect any references provided.			
	I hereby give my consent to the School/Parish/ <b>Archdiocese of Oklahoma City</b> to request and provide information relating to my suitability to serve and for those persons to release such information to the School/Parish/ <b>Archdiocese of Oklahoma City</b> ,and other inquiring parties.			
I give my permission for the School/Parish/Archdiocese of Oklahoma City to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for employment/volunteer position with the School/Parish/Archdiocese of Oklahoma City.				
	I hereby affirm that the information contained in this application is correct to the best of my knowledge and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.			
	I understand that an <b>initial</b> background check will be run as a condition of my employment/volunteering and will be rerun on a regular basis according to Archdiocesan policy.			
I understand that background checks may be rerun on active volunteers/employees periodically but no less than every three (3) years.				
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				
I have reviewed this application and have noted any	missing information.			
Screening Committee 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.				
You should only select the sites in which you are currently an employee or volunteer or to which you are applying.				
City Where Parish is Located	Name of Parish/School			