



Roman Catholic  
**Diocese**  
of  
**Tucson**

# Roman Catholic Diocese of Tucson

## APPLICATION FOR EMPLOYMENT WITH

NAME OF ORGANIZATION AND CITY

**IMPORTANT:** Do not complete this form if applying for a position in Diocese of Tucson Schools. (Request Catholic Schools Application.) This form is for all other persons, including current employees, applying for positions with the Diocese of Tucson and other organizations affiliated with the Roman Catholic Church in the Diocese of Tucson.

<b>Today's Date:</b>		<b>Social Security Number:</b>	
<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Daytime Phone</b>
			<b>Evening Phone</b>
<b>Present Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
			<b>Cell Phone</b>
<b>Permanent Address (if different from present address.)</b>			<b>Email Address</b>
<p><b>Have you ever been employed by the Diocese or a church?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes, give details: _____</p> <p>I am a U.S. citizen or legally authorized to work in the U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>          I am interested in <input type="checkbox"/> full-time <input type="checkbox"/> part-time employment. Date available for work: _____</p> <p><b>Position applying for:</b> _____ <b>Pay expected:</b> _____</p>			
<b>EDUCATION:</b>	<b>Name and Location of School</b>	<b># of years/credit hrs.</b>	<b>Degree Received</b>
<b>High School</b>		<b>Diploma</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>College</b>			
<b>Postgraduate</b>			
<b>Other Training</b>			
<p>The diocese of Tucson and affiliated organizations comply with all laws concerning nondiscrimination in employment. We do not unlawfully discriminate on the basis of race, sex, national origin, age, unfavorable discharge from military service, arrest record, mental or physical disability unrelated to the ability to perform the duties of a position. It is our policy to offer reasonable accommodations for the special needs of otherwise qualified individuals. Acceptance of this form does not constitute a contract of employment nor is it a commitment to the applicant.</p>			

## EMPLOYMENT HISTORY

Please list all present and former employment beginning with present or most recent position first. Attach additional pages if needed. Include all other names you have worked under if different than the name you are using on this application form.

Company Name & Phone: \_\_\_\_\_ Employed (Month & Year)

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City State Zip

Position Title: \_\_\_\_\_ Weekly Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company Name & Phone: \_\_\_\_\_ Employed (Month & Year)

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City State Zip

Position Title: \_\_\_\_\_ Weekly Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company Name & Phone: \_\_\_\_\_ Employed (Month & Year)

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City State Zip

Position Title: \_\_\_\_\_ Weekly Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company Name & Phone: \_\_\_\_\_ Employed (Month & Year)

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City State Zip

Position Title: \_\_\_\_\_ Weekly Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Complete this section if skills apply to the position for which you are applying.

Typing/Keyboarding Speed: \_\_\_\_\_ wpm

My knowledge of following software rates as: 1=Advanced 2=Average 3=Beginner 4=None

MS Word  Excel  Access  Outlook

Other Software: \_\_\_\_\_

## IMPORTANT — THIS SECTION MUST BE COMPLETED

1. Has a civil or a criminal complaint ever been filed against you that alleged sexual misconduct or child abuse by you or your participation in or facilitation of such activities (including internal complaints or allegations reported to management or supervisors at places of employment)?

Yes  No

If yes, explain. Provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify, by name and title, the person(s) who investigated the complaint.

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2. Do you presently serve, or have served, as a volunteer for any organization, entity or group in which you had substantial contact with children or vulnerable populations (such as elderly, mentally or emotionally disabled, etc.)

Yes  No

If yes, provide the name and phone number of the organization, period of volunteer service, supervisor's name and briefly describe your activities and/or duties.

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3. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action for reasons relating to allegations of sexual misconduct, child abuse, or other misconduct.

Yes  No

If yes, explain. Provide the date, nature, and place of the occurrence(s) or allegation(s) and the disposition of the matters. Provide name, address, and phone of employer/supervisor at the time.

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4. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? If necessary attach additional pages and documents.

Yes  No

If yes, explain. Provide a full disclosure of the crime for which you were convicted including the date and place of the conviction.

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**IMPORTANT:** For your application to be considered, you must sign below to indicate that you have read and understood this statement:

*The information I have provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in the termination of my employment. I grant permission to check on my background and references and I release the Diocese of Tucson and my specific workplace from any and all resultant liability. If employed, I will abide by the Code of Conduct of the Diocese of Tucson and the personnel policies and procedures of the Diocese of Tucson. I understand that acceptance of an offer of employment does not create a contractual obligation upon the Diocese of Tucson or my specific workplace to continue to employ me in the future. Upon termination of my employment, I authorize the release of reference information by the Diocese of Tucson or affiliated organization.*

*I further understand that while not all positions with the Diocese of Tucson or affiliated organizations involve significant contact with children or vulnerable adult that all persons seeking employment must be fingerprinted and pass a background check.*

*I will be required to furnish proof of identity and my ability to work legally in the U.S. once a conditional job offer has been made. I understand that if hired my employment is subject to "employment at will," which means my employment can be terminated at any time, with or without reason.*

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

**THIS SECTION IS FOR OFFICIAL USE ONLY**

The necessity of fingerprinting and passing a background check as a condition of seeking employment with the Diocese of Tucson or affiliated organizations has been explained to this applicant. This workplace understands that an offer of employment is contingent upon fingerprinting of the applicant; the applicant's passing of the background check and a check of references.

Signature of Pastor, or Hiring Authority: \_\_\_\_\_

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

*All applications are to be received without delay by either the Director Human Resources, Diocese of Tucson, P.O. Box 31, Tucson, AZ 85701, or by the workplace at which the applicant is seeking employment.*