

Catholic Schools Employment Application

Roman Catholic Diocese of Syracuse

Return completed application to: School, Catholic School Office or Human Resources, 240 East Onondaga St, Syracuse, NY 13202

Last Name	First	Middle	Social Security No.	Date	
Is additional information relative to a name change or nickname necessary to check on your work records? If Yes, please explain:					
Present Street Address	City	State	Zip	Daytime Phone ()	
				Evening Phone ()	
Permanent Address (if different from present address)		State	Zip	Cell Phone ()	
				Email Address:	
Have you ever been an employee or volunteer at any Diocesan location, including in the Diocese of Syracuse? <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, give details: _____				Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When are you available to start working, specify date: _____					
I am an U.S. Citizen or have the legal right to accept employment in the U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO					
The Syracuse Diocese requires employees to participate in their Child and Youth Protection Training by attending a VIRTUS training session. Have you ever received VIRTUS training? Yes / No If yes: (when/where?) _____ Please attach a copy of your VIRTUS training card to this application.					
If NOT, register @ www.syracusediocese.org --- once completed, send copy of VIRTUS card to Human Resources.					
---Please send copies of all college & post graduate transcripts---		Name and Location of School	Years/Credit Hrs. Completed	Minor/Major & Degree Received	Yr. of Graduation/ Name @ Graduation
High School				Degree Earned:	
College				Degree Earned:	
College				Degree Earned:	
Postgraduate School				Degree Earned:	
Other Training				Degree/Certification earned:	

The Catholic Schools of the Diocese of Syracuse are fully committed to fostering an educational community that is free from discrimination based on race, national origin, skin color, disabilities, age, or gender, except as concerns any matter for which there is a statutory or judicially recognized exception for religious institutions. It is the policy of our schools to promote equal opportunity relative to recruitment, employment, training and development as well as the terms and conditions of employment, consistent with the teaching, the doctrine and the Canon Law of the Roman Catholic Church.

EMPLOYMENT ACTIVITIES -

Please list all present and former employment beginning with your present or most recent position. Use additional pages if needed.

Can we contact your Current Employer? YES / NO

Company Organization Name		Phone ()
Address		When (Month & Year)
Position/Grade/Subject:	Paid or Volunteer	From To
Duties		Reason for leaving
Company Organization Name		Phone ()
Address		When (Month & Year)
Position/Grade/Subject:	Paid or Volunteer	From To
Duties		Reason for leaving
Company Organization Name		Phone ()
Address		When (Month & Year)
Position/Grade/Subject:	Paid or Volunteer	From To
Duties		Reason for leaving

PROFESSIONAL REFERENCES:

(1) Name: _____ Phone No. () _____ Position: _____
Address: _____
City: _____ State: _____ Zip: _____

(2) Name: _____ Phone No. () _____ Position: _____
Address: _____
City: _____ State: _____ Zip: _____

(3) Name: _____ Phone No. () _____ Position: _____
Address: _____
City: _____ State: _____ Zip: _____

NOTE: APPLICANT DOES NOT COMPLETE THIS SECTION

VERIFICATION OF PROFESSIONAL REFERENCES:

Reference (1): _____ Relation of Applicant: _____
Comments: _____
Would reference rehire this applicant? YES/ NO Administrator's Name: _____ Date: _____

Reference (2): _____ Relation of Applicant: _____
Comments: _____
Would reference rehire this applicant? YES/ NO Administrator's Name: _____ Date: _____

Reference (3): _____ Relation of Applicant: _____
Comments: _____
Would reference rehire this applicant? YES/ NO Administrator's Name: _____ Date: _____

TEACHERS/SUBSTITUTE APPLICANTS

Send or attach to this employment application two written references from people who are not listed as your phone references.

Send or attach a resume/curriculum vitae.

Religion: _____ Church of Attendance: _____

I am interested in teaching the following: Secondary (7-12), subject area(s): _____

Elementary: Pre-K, K-3, 4-6, preferred subject area(s): _____

I am interested in teaching opportunities: Full-time, Part-time, Substitute work

Recent Professional and Civic Activities: _____
(please provide description and dates of workshops, in-service, volunteer programs, etc.)

I have experience as a full-time teacher: Yes, No, If yes, for how many years? _____

Where? _____

I have experience as a part-time teacher: Yes, No, If yes, for how many years? _____

Where? _____

Certifications:

Please send copies of all certifications.

State/Agency	Type	Area	Certification Number	Date Issued	Expiration

If you have other skills that will enhance you as a faculty member in a Catholic school? (please list them): _____

Why do you wish to teach in a Catholic School? (An additional sheet may be attached)

Guiding Principles for Teachers/Administrators in Catholic Schools:

Education is one of the most important missions of the Church. All Catholic School educators continue to share in the mission of the Church "making faith become living, conscious and active through the light of instruction." (To Teach as Jesus Did) "The Catholic School is the most unique setting within which this ideal can be realized. Indeed, Catholic Schools are the most effective means available to the Church for the education of children and young people." (Sharing the Light of Faith)

The success of our Catholic educational system depends upon professional competence and the quality of instruction. It also depends on the dedication and commitment of the educator.

_____ (initial) I have read the guiding principles and I agree that, if employed by a Catholic School in the Diocese of Syracuse, I will teach and act in accordance therewith.

_____ (initial) I understand that the credentials filed in support of this application become the property of the Catholic Schools Office and will not be returned to me.

_____ (initial) I further realize that any material omission or falsification of information provided by me in this application will result in its invalidation.

Have you served in the Armed Forces of the United States? [] YES [] NO

Branch: _____

Period of Active Duty? _____ to _____ Position @ Discharge? _____

Date of Final Discharge: _____

IMPORTANT - All applicants must complete questions I through IV

I. Has a civil 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 given to management or supervisors at places of employment)? YES/NO

If yes, explain. Please 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.

II. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had contact with children or other vulnerable populations (e.g. elderly, mentally or emotionally handicapped, etc.)? YES/NO

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

III. 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 or child abuse by you? YES/NO

If yes, please explain. Please include in your explanation the date, nature, and place of the occurrence(s) or allegation(s) and the disposition of the matter(s). Also identify your employer and supervisor at the time by name, address and telephone number.

IV. Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES/NO

If yes, please explain. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.

NOTE: Any correspondence, interview notes and the results of the criminal background check and reference checks will be filed with this application. The use of this application form by the Diocese or an individual entity in no way indicates that employment is offered or necessarily will be offered by the Diocese of Syracuse. Eligible applicants may be offered employment by the local entity, which is the employer of record.

IMPORTANT: By my signature below, I certify that the information provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I grant permission to check my background and references and release the Diocese of Syracuse and the Diocesan locations from any and all resultant liability. If welcomed as an employee, I will abide by the "Child and Youth Protection Policy" and the other policies and procedures of the Diocese of Syracuse. I understand that acceptance of an offer does not create any obligation upon the diocese to permit my continuing service.

I further understand that while not all positions are security sensitive, I acknowledge that all employees are required to undergo a criminal background check and "Child and Youth Protection Training."

I will be required to furnish proof of identity in association with the Criminal Background Check.

Signature: _____ Date: _____ Commission: _____



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BACKGROUND INVESTIGATION AUTHORIZATION

In connection with my employment, application for employment, volunteer work or promotion with The Roman Catholic Diocese of Syracuse, I understand that background inquiries may be requested by you, or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, credit history, civil matters, previous employment, education background, professional licensing, as well as other experiences.

I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my employment or volunteer work. This release is valid for all federal, state, county and local agencies and school authorities. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of this investigation. I also voluntarily release my date of birth for my own benefit and fully understand that age is not a consideration on assessing my qualifications for employment.

Print Name _____

DOB _____ Soc. Sec. No. _____

Drivers license # (if applicable) _____ State _____

Current Address _____ City _____ State _____ Zip _____

List Previous addresses and names (Maiden and/or aliases) used during the past 7 years.

Name (if applicable) Address City, State, Zip County

Notice to NEW YORK Applicants: Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

_____ Please initial here to acknowledge receipt of Article 23-A of the New York Correction Law.

Applicant Signature

Date
