

EMPLOYMENT APPLICATION

Parish Name : _____ Town : _____

Name : _____

Address : _____

Town : _____ Province : _____ Postal Code : _____

Tel (home) : _____ Tel (cell) : _____ Tel (work) : _____

Email : _____

Age : 19 years or older Yes No – Please indicate the month and year of your birth Month : _____ Year: _____

Please provide a contact person in case of emergency

Name : _____ Relationship : _____

Tel (home) : _____ Tel (cell) : _____ Tel (work) : _____

POST REQUESTED – HIGH RISK (Please fill out the other side of this form)

Name of position : _____

 Full or Part – Time Position
 Student Program
 Start Date : _____ End Date : _____

I certify that the information provided on this form is accurate and complete. I understand that this information will remain confidential and become property of the Diocese. I also understand that my name and phone number will be provided to the appropriate Ministry Coordinator/Leader so that they may contact me.

Signature : _____ Date : _____

Please complete this side for HIGH RISK position

Please provide two (2) unrelated references so that we may verify your suitability for the requested position.
(Ex : friends, neighbors, other parishioners, work colleagues, etc.)

Please remember to notify these people that the Diocese will be contacting them.

1st Reference :

Name : _____ Relationship : _____
 Address : _____ Town : _____ Province : _____
 Tel (home) : _____ Tel (cell) : _____ Tel (work) : _____

2nd Reference :

Name : _____ Relationship : _____
 Address : _____ Town : _____ Province : _____
 Tel (home) : _____ Tel (cell) : _____ Tel (work) : _____

(Applicant's Name)

I authorise the Diocesan Screening Policy Committee to contact the references provided on this Volunteer Application Form in order to collect the required information relating to the requested position.

I agree to provide a Criminal Records Check including a Vulnerable Sector Scan before I participate in any high risk position. I understand that only the Diocesan Screening Policy Committee will review this information.

I understand that all the information obtained will be kept confidential, become the property of the Diocese and be kept indefinitely.

Signature : _____ Date : _____

***Please return the completed form to the
PARISH SCREENING POLICY COORDINATOR***

For PARISH SCREENING POLICY COORDINATOR's Use

Coordinator's Name : _____

Signature : _____ Date : _____

For DIOCESE Use

Request received on : _____ Documents sent on : _____
 Training required Yes No Form B received on : _____
 Training followed on : _____ Criminal Check received on : _____
 References concluded on : _____ File Completed and Compliant on : _____