

**Diocese of Portland, Maine  
Employment Application**

Parish / School / Facility \_\_\_\_\_ Town / City \_\_\_\_\_

Accommodations to enable all individuals to participate in the application process will be provided upon advance request.

Name: \_\_\_\_\_ Social Security No.   

Maiden Name: \_\_\_\_\_

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

How long at current address: \_\_\_\_\_

Phone: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_ (optional)

Email: \_\_\_\_\_

What is your current position? \_\_\_\_\_

Where are you currently employed? \_\_\_\_\_

Work address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What parish do you belong to? \_\_\_\_\_ How long? \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Have you ever been convicted of a felony; or charged with driving under the influence? \_\_\_ Yes \_\_\_ No.  
If yes, please list below the nature of the charges, location(s) and disposition of the case(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here \_\_\_\_\_ if you have had a criminal records check with one of the Diocese of Portland's Catholic schools in the past five years. Enter date of last certification: \_\_\_\_\_.

Check here \_\_\_ if you have had a criminal records check with one of the Maine public schools in the past five years. Enter date of last certification \_\_\_\_\_. (Note: Please attach a copy of your CHRC approval.)

Please list all your addresses in the past five years:

Have you ever lived in a state other than Maine:  
If yes, please list states/dates (ex: Ohio 1998-2002)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For what position are you applying? \_\_\_\_\_

What interests you about the position for which you are applying?

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What has prepared you for the position for which you are applying? \_\_\_\_\_

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### Employment History

Dates of Employment (Start with most recent)	Company name and address (city, state, zip)	Immediate supervisor (name & phone number)	Position Held	Reason for Leaving position
Started ____/____/____  Ended ____/____/____				
Started ____/____/____  Ended ____/____/____				
Started ____/____/____  Ended ____/____/____				
Started ____/____/____  Ended ____/____/____				

<b>Education History</b>				
Type of School	School name and address (city, state, zip)	Major / Degree	Did you graduate?	Number of years completed
High School				
College (undergraduate)				
University (graduate)				
Other				

<b>References</b>				
Reference name	Address	Daytime phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional / Civic				
Professional / Civic				
Personal				
Other				

Have you ever been accused of physically, sexually, or emotionally abusing a child or an adult?

Yes / No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your willingness to share your faith, gifts, and skills is appreciated. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please read each of the following statements carefully and initial each to indicate your understanding and agreement.

\_\_\_\_\_ I hereby authorize the recipient of this application, or its agent, or its designated vendor, to conduct a personal and professional background and reference check. I hereby authorize such personnel to contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. Such individuals and organizations are authorized to release such information as may be requested. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my application for employment and, should I have already been hired, for termination of my employment.

\_\_\_\_\_ I understand that a background check will be conducted in conjunction with my employment and that I am subject to investigation at any time during my employment. I hereby authorize diocesan personnel, or their agent or designated vendor to, in their sole discretion, undertake such an investigation at any time during the course of my employment. In the course of my employment, these checks will include but are not limited to a comprehensive criminal history records check, a Department of Health and Human Services check, a sex offender registry check, and a driving record check in conjunction with my employment.

\_\_\_\_\_ I agree to observe all diocesan and parish guidelines and policies governing my employment.

\_\_\_\_\_ I understand that the diocese and parish have a "ZERO TOLERANCE FOR ABUSE" policy and take all allegations of abuse seriously. I further understand that they will cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal prosecution.

\_\_\_\_\_ I understand that I may withdraw from the application process at any time.

After reading all the terms of this application, I hereby affirm that I understand and agree to the provisions of the same. I also agreed that my employment with the diocese and the parish is on an "at-will" basis, meaning that such employment may be permanently discontinued by either the diocese or the parish (through discharge or layoff) or myself I (through voluntarily quitting) at any time without notice and without any recourse of any kind by either party. I agree to conform to diocese or parish rules, and I also agree that I shall be subject to other conditions which the diocese or parish may adopt. I affirm that the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal. I expressly agree and understand that this is the entire agreement between the diocese or parish and me on the subject of discharge, termination, and/or layoff, and it may be changed only by an agreement in writing signed by the bishop of the Diocese of Portland.

My signature below indicates that I have read and understand all of the above. Do not sign until you have read, understood, and initialed your agreement to each of the above statements.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

