

FOR OFFICE USE ONLY

BATCH #: _____

DATE ENTERED: _____

PAID CHECK #: _____

**DIOCESAN TELECOMMUNICATIONS CORPORATION (DTC)
APPLICATION FOR EMPLOYEES & VOLUNTEERS**

PRINT OR TYPE ONLY

P E R S O N A L I N F O R M A T I O N	Last Name	First Name	Middle Name	Social Security No.
	Street Address			Date of Birth
	City, State, Zip			Gender M _____ F _____
	Do you wish to work: _____ Full Time _____ Part Time _____ Temporary _____ Volunteer			Driver License
	Where do you wish to work: _____ Chancery _____ Parish _____ School _____ Other Agency			Number: _____ State: _____
	Are you employed now? _____ Yes _____ No If so, may we inquire of your present employer? _____ Yes _____ No			Position Desired
	Have you ever work or volunteered for this company before? _____ Yes _____ No If Yes: Month and Year ____/____ Location _____			Salary Desired
	Are you legally eligible for employment in the United States? _____ Yes _____ No			Contact Phone # (____)____-____
Who referred you to this company? _____				
Please list your addresses for the past four years:{City or Town/County/State/Years lived}				
1. _____ 2. _____				
3. _____ 4. _____				

E M E R G E N C Y	Person to be notified in case of emergency:
	Name: _____
	Telephone: (____)____-____
	Address: _____ _____

VOLUNTEER EXPERIENCE (Use separate sheet if needed)

Organization	Duties	Dates	Contact	Phone

GENERAL INFORAMTION

Special Training	Special Skills	Special Study	Research Work	Certifications

For Employer use: Human Resources Office verified absence of restrictions.

Signature of employer _____ Date: _____

EMPLOYMENT RECORD			
1	Employer & Type of Business		Telephone ()
	Address		Employed (State month and year) From To
	Job Title	Supervisor's Name	Weekly Pay Start Last
	Describe Your Work:		Reason for leaving
2	Employer & Type of Business		Telephone ()
	Address		Employed (State month and year) From To
	Job Title	Supervisor's Name	Weekly Pay Start Last
	Describe Your Work:		Reason for leaving
3	Employer & Type of Business		Telephone ()
	Address		Employed (State month and year) From To
	Job Title	Supervisor's Name	Weekly Pay Start Last
	Describe Your Work:		Reason for leaving

EDUCATION

School	Name & Location of School Address, City, State, Zip	Years Completed	Did you graduate?	Degree or Diploma & course of study
Elementary				
High School				
College				
Graduate School, Trade School or Other				

R E F E R E N C E S	Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Date References were checked.
	Professional/Civic				
	Professional/Civic				
	Personal				
	Family member				

ALL CANDIDATES WILL BE REQUIRED TO UNDERGO DRUG AND CRIMINAL HISTORY SCREENING.

ALL REFERENCES MUST BE CHECKED

WAS AN INTERVIEW CONDUCTED? ___ YES ___ NO

Please indicate any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments etc.

AN EQUAL OPPORTUNITY EMPLOYER: Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran's status, or the presence of a handicap or disability.

Please read the following statements carefully and initial

- DTC appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for the Diocese of Corpus Christi and the public 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 initial each of the statements below.
- I understand that my employment can be terminated, with or without cause, at any time at the discretion of either DTC or myself. I understand that no official or body other than the DTC Board of Directors has any authority to enter into any agreement contrary to the foregoing or make any assurance or promise of continued employment. I also understand that neither this document nor any offer of employment from DTC constitutes an employment contract, unless, a specific document to that effect is executed by the DTC Board of Directors and myself in writing.
- I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my ministry involvement.
- I hereby authorize DTC to conduct a personal and professional background check for the purposes of my application at _____ employer may 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. I hereby release all of the above stated persons from any and all liability for damages that might occur during the employers contact with the individuals for purposes of employment or volunteer services.
- I also hereby give complete permission for DTC to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my employment or volunteer services.
- I waive any right that I may have to inspect any information provided about me by the persons previously mentioned. I have also read and understood the above stated information within this release and am signing below of my own free will.
- I understand that a criminal background check will be conducted prior to and during my service. I authorize investigations of all statements contained in the application.
- I agree to observe all of my employer's guidelines and policies for the program in which I am applying.
- I understand that DTC has a **ZERO TOLERANCE FOR ABUSE** and takes all allegations of abuse seriously. I further understand that DTC cooperates 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 charges.
- I understand that I can withdraw from the application process at any time.
- I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide employment and/or volunteer services and that refusal to inform my employer of the contents of a sealed criminal record will result in the automatic denial of the application.
- As a condition of my employment, I understand that at such time or times during my employment as DTC shall require, I may be required to undergo urinalysis to detect the illegal use of drugs. Additionally, I understand that I shall be required to undergo urinalysis as a prerequisite to my employment. I further understand that at the time of any such examination, I will be required to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations. Finally, I understand that the results of any such examinations shall be made available to DTC, its designated Employees and my physician.
- 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: _____

Date: ____/____/____

**DIOCESAN TELECOMMUNICATIONS CORPORATION (“DTC”)
CONSENT TO PERFORM A HISTORY/BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

I, _____,
(Name of person filling out form)

am an applicant for employment with Diocesan Telecommunications Corporation (“DTC”).

As a part of the application process I have been advised that DTC conducts a criminal history check that may include a credit report and or motor vehicle report. I do hereby consent to the use of any and all information provided to DTC in the application process to be used in the criminal history / background check. The following are my responses to questions about my criminal history (if any).

1. ___ YES ___ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State:	County:	Date of Offense: / /
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2. ___ YES ___ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State:	County:	Date of Offense:
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3. ___ YES ___ NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense:
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4. ___ YES ___ NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country:	City:	Date of Offense:
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5. ___ YES ___ NO As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below.

State:	County:	Date of Arrest
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I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE I UNDERSTAND THAT IT WILL BE GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT AND/OR VOLUNTEER SERVICES. THE INFORMATION WILL BE USED AT THE DISCRETION OF DIOCESAN TELECOMMUNICATIONS CORPORATION.

APPLICANT’S SIGNATURE _____

Signed this _____ day of _____, 20 _____

If under 18 years of age a parent authorization is required before we can process a background check.

PARENT’S SIGNATURE _____

Signed this _____ day of _____, 20 _____