



Diocese of Altoona-Johnstown

Personnel Application and Screening Form: to be completed by all clergy, religious, lay employees, volunteers engaged in ministry within the Diocese of Altoona-Johnstown involving or having access to children and youth.

Personal Information

Name _____
Last First Middle Maiden Name/Alias

Present Address: Street _____
City _____ State _____ Zip Code _____

Home Phone: _____ Alternate Phone # _____

Position for which this application is being made: _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State _____

List the name, location and dates of attendance with respect to the last two educational institutions in which you have been enrolled.

Name of Institutions	Date/s Attended	Degree/Diploma
1. _____		
2. _____		

Previous home addresses (if any) with applicable dates. List at least last two.

Parish Name /City _____

List all previous church and/or employment, volunteer work involving youth.

Name	Location/Address	Phone	Contact person	Type of Work	Dates

List any gifts, training, education or other factors that have prepared you for work with children/youth.

List your employers for the past ten years.

Employer	Street Address	Phone	Contact Person	Dates of Employment
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Please respond Yes or No to the following questions. Any yes answer requires a detailed explanation below.

- Yes No Have you ever had your driver's license or a professional license revoked or suspended?
- Yes No Have you been arrested/charged with driving under the influence of alcohol/other substance?
- Yes No Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?
- Yes No Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of young people?

If you answered yes for any of the above, please explain. _____

Please furnish at least three references other than relatives or present or former employers.

Name _____ Relationship _____
Complete Address _____
Phone Number _____

Name _____ Relationship _____
Complete Address _____
Phone Number _____

Name _____ Relationship _____
Complete Address _____
Phone Number _____

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. I authorize the Diocese of Altoona-Johnstown *or* _____ *(name of Parish/Organization)* to conduct personal, professional, criminal record and child abuse background check. I realize that the criminal record check may be conducted by the Diocese of Altoona-Johnstown *or* _____ *(name of parish/organization)* or I may be asked to furnish it. I hereby release and agree to hold harmless from liability any person or organization that provides information to the Diocese of Altoona-Johnstown *and/or* _____ *(name of parish/organization)* and the employees, officers and directors of the Diocese of Altoona-Johnstown *and/or* _____ *(name of parish/organization)* or any authorized representative of the same as a result of this application.

My signature indicates that I have read and understood the above statement and am signing below of my own free will.

Signature of Applicant

Date

Printed Name