



APPLICATION FOR EMPLOYEES AND VOLUNTEERS

We consider all applicants for all positions without regard to race, color, gender, religion, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Name: _____ SSN: _____ - _____ - _____

Street Address: _____ Apt/Unit: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

For what position are you applying? _____

On what date would you be able to start work? _____

Is the position full-time, part-time, or temporary? _____

EDUCATIONAL HISTORY

Dates (Start with most recent)	School Name and Address (City, State, Zip)	School	Name of Program or Degree	Program Completed?
Started: _____ Ended: _____				
Started: _____ Ended: _____				
Started: _____ Ended: _____				

EMPLOYMENT HISTORY

Dates of Employment:	Company Name And Address (City, State, Zip)	Immediate Supervisor Name and Phone Number	Position Held	Reason for Leaving Position
Started: _____ Ended: _____				
Started: _____ Ended: _____				
Started: _____ Ended: _____				
Started: _____ Ended: _____				
Started: _____ Ended: _____				

Volunteer Experience
(Use back if needed)

Organization	Duties	Dates	Contact	Phone

REFERENCES (One professional, one immediate supervisor, and one personal)

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person and in what capacity?	Has this person agreed to provide a reference?

PERSONAL HISTORY

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Y	N
Are you currently employed? (Potential faculty may NOT be under contract)	Y	N
May we contact your current employer? (Potential faculty will have their employer contacted)	Y	N
Have you ever been convicted of a criminal offense (felony or misdemeanor)? Answer 'YES' if you have entered a plea agreement including a deferred sentence or deferred judgment arrangement in connection with a criminal case.	Y	N
Have you ever been charged with a sexual offense?	Y	N
Have you ever been charged with a sexual offense relating to children?	Y	N
Have you ever been a defendant in a civil lawsuit alleging sexual misconduct?	Y	N
Have you ever been reported to any organization or registry for abuse or misconduct involving children or adults?	Y	N
Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body for sexual misconduct, or any misconduct involving children?	Y	N
Have you ever been disciplined or dismissed from any volunteer position or employment position following an allegation of sexual misconduct or other inappropriate behavior?	Y	N
Have you ever been reprimanded or asked to leave or end your membership in a volunteer, civic, or non-profit organization?	Y	N
Have you ever been the subject of a complaint or disciplinary proceeding brought against any professional license or professional affiliation held by you?	Y	N

For any "YES" answers, please explain in detail. Attach a separate sheet of paper if necessary.

Applicant's Statement

Please initial each statement below.

___ 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 work with Sacred Heart Schools.

___ I hereby authorize Sacred Heart Schools to conduct a personal and professional background check for the purposes of my application at Sacred Heart Schools.

___ Sacred Heart Schools 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 contact with the individuals for purposes of employment or volunteer services.

___ I hereby give complete permission for Sacred Heart Schools 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 agree to attend a VIRTUS training program within 3 months of my hire date, and keep up-to-date with the online VIRTUS training bulletins.

___ 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 and during my service. I authorize investigations of all statements contained in this application.

___ I agree to observe all the guidelines and policies for the program in which I am applying.

___ I understand that Sacred Heart Schools has a zero tolerance for abuse and takes all allegations of abuse seriously. I further understand that Sacred Heart Schools cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors is grounds for immediate dismissal and possible criminal charges.

___ I declare that I have not perpetuated physical abuse, sexual abuse, emotional abuse, or neglect against a minor and that I have never been accused of these acts.

___ 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 Sacred Heart Schools of the contents of a sealed criminal record will result in the automatic denial of the application.

___ I am aware of the Illinois Abused and Neglected Child Reporting Act and its reporting requirements.

___ My signature indicates that I have read and understood all of the above statements.

Do not sign until you have read and initialed the above statements.

Applicant's Signature: _____

Date: __/__/__

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____

Date: __/__/__