

Questionnaire

Full Name: _____

Address: _____ City/State/Zip: _____

Have you ever been convicted of a crime involving physical abuse or sexual abuse by you? YES NO

If yes, give a short explanation of the circumstances of the conviction. (Please indicate the date, nature and place of the alleged incident leading to the complaint, where the complaint was filed and the disposition of the complaint).

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? YES NO

If yes, give a short explanation of the allegations. (Please indicate the date, nature and place of the allegations, the disposition of the allegations and your employer at the time, including your employer's name, address and telephone number).

Have you ever received any medical treatment, physical or psychological, for reason involving physical abuse or sexual abuse by you? YES NO

If yes, give a short description of the treatment, including dates, nature and location, identifying the treating physician with name, address and telephone number.

Have you ever applied to or worked for the Diocese of San Bernardino before? Yes No If yes, when _____

Do you have any friends or relatives working for the Diocese of San Bernardino? Yes No If yes, state name(s) and relationship

Why are you applying for work at the Diocese of San Bernardino? _____

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicant/employees to perform essential functions.)

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job applied for? Yes No

Name of license/certification _____

Issuing State _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement

The information I have provided on this form is accurate to the best of my knowledge and may be verified by the Diocese of San Bernardino. I agree to execute any releases necessary to permit the release to the Diocese of San Bernardino of prior employment, medical, judicial and law enforcement records and information pertinent to matters addressed in this questionnaire.

Signature: _____

Date: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the Diocese of San Bernardino to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Diocese of San Bernardino any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Diocese of San Bernardino, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Diocese of San Bernardino, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Diocese of San Bernardino, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application and the Diocese of San Bernardino Personnel Policy and Procedure Manual, and contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Diocese of San Bernardino. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Diocese of San Bernardino, and that no promises of representations contrary to the foregoing are binding on the Diocese of San Bernardino.

Applicant's Signature

Date

REFERENCE CONSENT FORM

I do hereby authorize the San Bernardino Diocesan Office of Catholic Schools to verify my representation made by me, either oral or written, concerning my application for the position for which I applied. Further, I hold harmless any individual or firm for any information that it may provide. I understand that the Diocesan Office of Catholic Schools may contact individuals or organizations other than those I have provided as references in this process. In addition, the Office of Catholic Schools has my consent to discuss with individuals or organizations other information which it feels may be pertinent to my application for this position.

Signature

Date