



APPLICATION FOR EMPLOYMENT

Diocese of Helena

PO Box 1729
Helena, MT 59624
406-442-5820

Position

Date

Office or Agency

Please print all information. Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department. The Diocese of Helena is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, national origin, marital status or disability.

Personal Information

Last Name

First Name

Middle Name

Address

City

State

Zip

Primary Phone

Alternate Phone

E-mail address

Name of Current Parish

City

Attending How Long?

Education

High School

City

Graduated

High School

City

Graduated

College/Professional Technical

City

Graduated

College/Professional Technical

City

Graduated

Current Degrees/Licenses/Certifications

Employment History

Present/Most Recent Employer

Supervisor

Address

City

State

Zip

Employment Began

ended

May we contact?

Phone

yes

no

Reason For Leaving

Principal Job Description/Duties

Previous Employer

Supervisor

Address

City

State

Zip

Employment Began

ended

May we contact?

Phone

yes

no

Reason For Leaving

Principal Job Description/Duties

Previous Employer

Supervisor

Address

City

State

Zip

Employment Began

ended

May we contact?

Phone

yes

no

Reason For Leaving

Principal Job Description/Duties

Volunteer/Work Exerience

Organization

Contact

Phone

Duties

Organization

Contact

Phone

Duties

Have you ever applied for or served as a volunteer or employee for any parish, school or institution of the Diocese of Helena?

yes no

If yes, which location?

Date started

Date ended

Military Service

Do you claim Veteran status?

Are you currently active?

yes no

yes no

If status claimed, Branch of Military Service?

Date started

Date ended

Statement Of Interest

How does your previous work experience make you the best candidate for this position?

Additional Information (Legendary Lodge Applicants Only)

Do you presently have FIRST AID and/or FIRST RESPONSE certification?

yes no

First Aid certification issued by:

Expiration Date

Do you presently have CPR certification?

yes no

CPR certification issued by:

Expiration Date

Can you swim?

yes no

If yes, indicate your assessment of your ability below.

beginner

intermediate

advanced

Do you have Lifeguard certification?

yes no

Lifeguard certification issued by:

Expiration Date

Do you consent to the use of your photograph taken at camp in diocesan publications?

yes no

Diocesan Policy

Have you ever had your volunteer service or employment terminated?

yes no

Have you ever been terminated from volunteer service or employment due to suspected child abuse?

yes no

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

yes no

If yes to any of the three previous questions, please explain:

Personal References

Name	Address	Phone
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How Long Known?	What Relationship?
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Name	Address	Phone
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How Long Known?	What Relationship?
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Name	Address	Phone
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How Long Known?	What Relationship?
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Applicant Acknowledgment, Release and Waiver.

I understand that false statements and/or omissions regarding past conduct and/or present situations are cause for rejection of my application or dismissal from employment or volunteer service.

I agree to observe all the guidelines and policies of the Diocese of Helena for the position for which I am applying.

I understand that the Diocese of Helena takes all allegations of abuse seriously and cooperates fully with the authorities to investigate all cases of alleged abuse. I further understand that abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

I hereby authorize the Diocese of Helena to conduct a personal and professional background check for the purpose of my application. I understand that the Diocese of Helena my contact references, past and current employers, churches, youth organizations or organizations where I have previously worked or provided volunteer services; and any other individual or organization that may have information relevant to my application.

I hereby release all of the above stated entities and their agents from any and all liability in connection with providing information and investigating or evaluating my application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States, and that federal immigration laws require me to complete and I-9 form in this regard.

I waive any right that I may have to inspect any information provided about me in connection with this application.

I have read and understood the above stated information within this release and am signing below of my own free will.

Applicant Signature

Date