

# ROMAN CATHOLIC DIOCESE OF OGDENSBURG

## APPLICATION FOR EMPLOYMENT

<b>PERSONAL</b>	
Last Name <span style="margin-left: 100px;">First</span> <span style="margin-left: 100px;">Middle</span>	Date
Street Address	Home Telephone (   )
City, State, Zip	Business Telephone (   )
Have you ever applied for employment with us? Yes No If yes: Month and Year _____ ; Location: _____	Social Security #
Position Desired	Pay Expected
Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work? _____	When will you be available to begin work? _____

<b>GENERAL INFORMATION</b>	
Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>EDUCATION</b>					
School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate ?	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					

***Membership in Professional or Civic Organizations (optional)***


**(OVER)**

**PREVIOUS EMPLOYMENT**

We may contact the employers listed below unless you indicate those you do not want us to contact. Please begin with your most recent employment and continue with all past employment (attach additional sheets if necessary).

Company Name	Telephone (    )
Address	Employed - (State month and year) From                      To
Name of Supervisor	
State Job Title and Describe Your Work _____	Reason for Leaving
Company Name	Telephone (    )
Address	Employed - (State month and year) From                      To
Name of Supervisor	
State Job Title and Describe Your Work _____	Reason for Leaving
Company Name	Telephone (    )
Address	Employed - (State month and year) From                      To
Name of Supervisor	
State Job Title and Describe Your Work _____	Reason for Leaving

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

Please list any other experience, skills, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

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**PROFESSIONAL REFERENCES**

Name	Title/Relationship
Address	Telephone (    )
Name	Title/Relationship
Address	Telephone

	( )
Name	Title/Relationship
Address	Telephone ( )

**NOTIFICATION AND AGREEMENT**

*Please read before signing*

I certify that all answers given by me are true, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts on this application (or any other accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

It is the policy of the Diocese of Ogdensburg to afford equal opportunity to all employees and applicants for employment without regard to age, race, color, sex, national origin, marital status, disability, veteran status, religion (except when deemed necessary to fulfill job obligations of the Diocese of Ogdensburg) or any other status protected by law.

**I recognize that the conduct of all employees of the Diocese must reflect Gospel values and the teachings of the Catholic Church.**

I understand that if offered a position with the Diocese of Ogdensburg, I will be required to submit to a background check as condition of employment. As set forth in Canon Law and the Code of Pastoral Conduct of the Diocese (Section 6), the Diocese and any agencies employed by it will maintain confidentiality in creating, storing, accessing, transferring and disposing of background checks authorized by this document and all reports, papers and information relating to such background checks. The Diocese will use all information obtained for no purpose other than conducting background checks on the undersigned.

Questions regarding this statement should be directed to the Human Resources Director before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. By signing below I acknowledge that I have read, understood and agree to the above statements.

Applicant Signature

Date

**Diocese of Ogdensburg  
Authorization / Release Form**

**Confidential**

I hereby authorize the R.C. Diocese of Ogdensburg and its agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. As set forth in Canon Law and the Code of Pastoral Conduct of the Diocese (Section 6), the diocese and any agencies employed it will maintain confidentiality in creating, storing, accessing, transferring and disposing of background checks authorized by this document and all reports, papers and information relating to such background checks. The Diocese will use all information obtained for no other purpose than conducting background checks on the undersigned.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; address verification; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the R.C. Diocese of Ogdensburg and/or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the R.C. Diocese of Ogdensburg and its agents the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. Nothing in this paragraph is intended to release the Diocese of Ogdensburg and its agents from liability for their negligent, reckless or intentional release or disclosure of any information obtained in this document or in any report created as a result of this authorization.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Initials)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip / State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip / State)

Current County \_\_\_\_\_ Previous County: \_\_\_\_\_

Sex (circle one): Male Female Race (circle one): Asian Black Hispanic White Other

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Drivers' License Number/State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Paid Employee \_\_\_\_\_ Volunteer





## DIOCESE OF OGDENSBURG

### *Office of Safe Environment*

100 ELIZABETH STREET • P.O. BOX 369 • OGDENSBURG, NEW YORK 13669  
TELEPHONE: 315-393-2920, ext. 1440 • FAX: 1-866-314-7296 • email: jmorrison@redony.org

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## **Roman Catholic Diocese of Ogdensburg**

### **Code of Conduct for Adult Volunteers/Workers**

This Code of Conduct is for use with adults over 18 years who serve as volunteers or are in work placement in parishes or schools. Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this Code of Conduct for Adult Volunteers as a condition of my providing services to the children and youth of our [*parish, school, facility, diocese, etc.*].

#### *As a volunteer, I will:*

- Treat everyone with respect, professionalism, patience, integrity, courtesy, dignity, and consideration, using positive reinforcement rather than criticism when working with children and/or youth.
- Consider a vulnerable person who habitually lacks the use of reason equivalent to a minor.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Refuse to accept expensive and/or inappropriate gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive and/or inappropriate gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the vicar/pastor, administrator, or appropriate supervisor.
- Cooperate fully in any investigation of abuse of children, vulnerable adult, and/or youth.

#### *As a volunteer, I will not:*

- Smoke or use tobacco products in the presence of children, vulnerable adult(s) and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Engage in sexual intimacies with the persons counseled. This includes consensual and nonconsensual contact, forced physical contact, sex texting, and inappropriate sexual comments.
- Use, possess, purchase, or give pornographic material to a minor.

- Use physical force, humiliate, ridicule, threaten, or degrade children, vulnerable adult(s) and/or youth.
- Touch a child, vulnerable adult(s), and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children, vulnerable adult(s), and/or youth.
- Use profanity in the presence of children, vulnerable adult(s) and/or youth.

I understand that as a volunteer working with children and/or youth, I am required to attend a "Diocesan Approved" Safe Environment Training session and to have a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth. This form is to be kept in the parish, school, facility, or diocesan office.

Volunteer's Printed Name: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

School/Parish/Organization: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Original 2003  
Revised 2013