



# APPLICATION FOR EMPLOYMENT

## DIOCESE OF LAS VEGAS

**THIS APPLICATION MUST BE COMPLETED IN FULL. THE DIOCESE OF LAS VEGAS RESERVES THE RIGHT TO REFUSE EMPLOYMENT OR TERMINATE EMPLOYMENT IF AN INCOMPLETE APPLICATION IS PROVIDED TO THE CATHOLIC CENTER, EVEN IF THE EMPLOYEE COMMENCES WORK AT A PARISH, SCHOOL OR OTHER DIOCESAN LOCATION.**

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (PRINT)                      LAST                      FIRST                      MIDDLE

PRESENT ADDRESS: \_\_\_\_\_ HOW LONG HAVE YOU LIVED THERE? \_\_\_\_\_  
    STREET & NUMBER                      CITY                      STATE                      ZIP                      YEARS                      MONTHS

PREVIOUS ADDRESS: \_\_\_\_\_ HOW LONG HAVE YOU LIVED THERE? \_\_\_\_\_  
    STREET & NUMBER                      CITY                      STATE                      ZIP                      YEARS                      MONTHS

TELEPHONE NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE (STATE/COUNTRY) \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

NAME ON LICENSE (IF DIFFERENT THAN LISTED AS APPLICANT) \_\_\_\_\_

IF THE POSITION INVOLVES DRIVING IN ANY WAY, HAVE YOU EVER HAD A DRIVER LICENSE REVOKED OR SUSPENDED  YES  NO  
 IF YES, STATE THE REASON(S), DATE OF REVOCATION OR SUSPENSION AND DATE OF REINSTATEMENT: \_\_\_\_\_

HAVE YOU EVER USED ANOTHER NAME?  YES  NO IF YES, WHAT NAME(S): \_\_\_\_\_

IS THERE ANY ADDITIONAL INFORMATION RELATIVE TO A NAME CHANGE (SUCH AS USE OF AN ASSUMED NAME, OR NICKNAME) NECESSARY TO ENABLE A COMPLETE BACKGROUND CHECK AND REFERENCE CHECKS FOR WORK AND/OR EDUCATIONAL RECORDS? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE DIOCESE OF LAS VEGAS (AT ANY PARISH, SCHOOL OR OTHER LOCATION)?  YES  NO  
 IF YES, PLEASE GIVE DATES AND POSITION: \_\_\_\_\_

DO YOU HAVE RELATIVE(S), OR PERSONS WITH WHOM YOU HAVE RELATIONSHIPS, EMPLOYED BY THE DIOCESE OF LAS VEGAS?  YES  NO

IF YES, PLEASE LIST NAME, RELATIONSHIP, LOCATION OF WORK, AND POSITION THEY HOLD \_\_\_\_\_

DO YOU SPEAK ANOTHER LANGUAGE IN ADDITION TO ENGLISH? IF YES, PLEASE SPECIFY THE FOLLOWING:  
 LANGUAGE: \_\_\_\_\_

**SPEAK:**  GOOD  FAIR  POOR                      **READ:**  GOOD  FAIR  POOR                      **WRITE:**  GOOD  FAIR  POOR  
 LANGUAGE: \_\_\_\_\_

**SPEAK:**  GOOD  FAIR  POOR                      **READ:**  GOOD  FAIR  POOR                      **WRITE:**  GOOD  FAIR  POOR

**EMPLOYMENT INFORMATION**

POSITION DESIRED: \_\_\_\_\_  PART TIME  FULL TIME  
 IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OVER 18 YEARS OF AGE?  YES  NO  
 IF HIRED, CAN YOU PRESENT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  YES  NO  
 HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM EMPLOYMENT?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED, FOUND GUILTY, ENTERED A PLEA OF NOLO CONTENDERE (NO CONTEST), OR HAD ADJUDICATION WITHHELD IN A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

NOTE: ANSWERING "YES" TO THESE QUESTIONS WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. FACTORS SUCH AS AGE AT THE TIME OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND THE POSITION FOR WHICH YOU ARE APPLYING WILL BE TAKEN INTO ACCOUNT.

**EMPLOYMENT HISTORY**

FOR THE LAST SEVEN YEARS, PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT/ LAST EMPLOYER LISTED FIRST. BE SURE TO ACCOUNT FOR **ALL** PERIODS OF TIME INCLUDING, BUT NOT LIMITED TO MILITARY SERVICE **AND ANY PERIOD OF UNEMPLOYMENT/GAP IN EMPLOYMENT**. IF SELF-EMPLOYED, YOU MUST GIVE THE COMPANY/FIRM NAME AND YOU MUST SUPPLY BUSINESS REFERENCES. [ADD ADDITIONAL PAGE IF NECESSARY]

|                                 |                            |                                       |                           |
|---------------------------------|----------------------------|---------------------------------------|---------------------------|
| <b>PRESENT OR LAST EMPLOYER</b> | <b>TYPE OF BUSINESS</b>    | <b>EMPLOYED FROM:</b>                 | <b>EMPLOYED TO:</b>       |
| <b>ADDRESS</b>                  | <b>TELEPHONE AND EMAIL</b> | <b>NAME &amp; TITLE OF SUPERVISOR</b> | <b>REASON FOR LEAVING</b> |
|                                 |                            |                                       |                           |
| <b>EMPLOYER</b>                 | <b>TYPE OF BUSINESS</b>    | <b>EMPLOYED FROM:</b>                 | <b>EMPLOYED TO:</b>       |
| <b>ADDRESS</b>                  | <b>TELEPHONE AND EMAIL</b> | <b>NAME &amp; TITLE OF SUPERVISOR</b> | <b>REASON FOR LEAVING</b> |
|                                 |                            |                                       |                           |
| <b>EMPLOYER</b>                 | <b>TYPE OF BUSINESS</b>    | <b>EMPLOYED FROM:</b>                 | <b>EMPLOYED TO:</b>       |
| <b>ADDRESS</b>                  | <b>TELEPHONE AND EMAIL</b> | <b>NAME &amp; TITLE OF SUPERVISOR</b> | <b>REASON FOR LEAVING</b> |
|                                 |                            |                                       |                           |

|                 |                            |                                       |                           |
|-----------------|----------------------------|---------------------------------------|---------------------------|
| <b>EMPLOYER</b> | <b>TYPE OF BUSINESS</b>    | <b>EMPLOYED FROM:</b>                 | <b>EMPLOYED TO:</b>       |
|                 |                            |                                       |                           |
| <b>ADDRESS</b>  | <b>TELEPHONE AND EMAIL</b> | <b>NAME &amp; TITLE OF SUPERVISOR</b> | <b>REASON FOR LEAVING</b> |
|                 |                            |                                       |                           |

PLEASE EXPLAIN FULLY ANY GAPS IN YOUR EMPLOYMENT HISTORY: \_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT YOUR CURRENT AND/OR PREVIOUS EMPLOYER(S)? [ ] YES [ ] NO. IF YES, PLEASE LIST THE CONTACT NUMBER(S) BELOW. IF NO, PLEASE EXPLAIN WHY:

\_\_\_\_\_

PLEASE INDICATE ANY ACTUAL EXPERIENCE, SPECIAL TRAINING, CERTIFICATES AND QUALIFICATIONS THAT YOU HAVE WHICH YOU FEEL ARE RELEVANT TO THE POSITION YOU ARE APPLYING.

\_\_\_\_\_

|   |
|---|
| <b>EDUCATION, TRAINING AND EXPERIENCE</b> |
|---|

| <b>SCHOOL NAME AND LOCATION</b> | <b>YEARS ATTENDED</b> | <b>DEGREE RECEIVED</b> | <b>DESCRIBE COURSE OF STUDY OR MAJOR</b> | <b>DESCRIBE TRAINING, EXPERIENCE, SKILLS AND EXTRACURRICULAR ACTIVITIES</b> |
|---------------------------------|-----------------------|------------------------|--|---|
| HIGH SCHOOL:                    |                       |                        |  |   |
| COLLEGE/UNIVERSITY:             |                       |                        |  |   |
| GRADUATE/PROFESSIONAL:          |                       |                        |  |   |
| TRADE OR CORRESPONDENCE:        |                       |                        |  |   |
| OTHER:                          |                       |                        |  |   |

**PERSONAL REFERENCES**

PLEASE LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST THREE YEARS:

| <b>NAME</b> | <b>JOB TITLE</b> | <b>ADDRESS<br/>(STREET, CITY AND STATE)</b> | <b>TELEPHONE<br/>NUMBER</b> | <b>NUMBER OF<br/>YEARS KNOWN</b> |
|-------------|------------------|---|-----------------------------|----------------------------------|
|             |                  |   |                             |                                  |
|             |                  |   |                             |                                  |
|             |                  |   |                             |                                  |

**APPLICANT’S STATEMENT, ACKNOWLEDGEMENT AND RELEASE**

IN THE EVENT OF MY EMPLOYMENT IN A POSITION WITH THE ROMAN CATHOLIC BISHOP OF LAS VEGAS AND HIS SUCCESSORS, A CORPORATION SOLE (FOR ANY PARISH, SCHOOL OR OTHER LOCATION) I AGREE TO COMPLY WITH ALL DIOCESE OF LAS VEGAS (“DIOCESE”) POLICIES, PROCEDURES, RULES AND REGULATIONS. I UNDERSTAND THAT THE ROMAN CATHOLIC BISHOP OF LAS VEGAS AND HIS SUCCESSORS, A CORPORATION SOLE (HEREINAFTER REFERRED TO AS “DIOCESE”) RESERVES THE RIGHT TO REQUIRE ME TO SUBMIT TO A TEST FOR THE PRESENCE OF ALCOHOL OR DRUGS IN MY SYSTEM PRIOR TO EMPLOYMENT AND AT ANY TIME DURING MY EMPLOYMENT, TO THE EXTENT PERMITTED BY LAW. I ALSO UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON THE PASSING OF A FINGERPRINT BACKGROUND CHECK AND DEPENDING ON THE POSITION APPLIED FOR, A CREDIT CHECK/SCREENING AND/OR A PHYSICAL EXAMINATION MAY ALSO BE CONDUCTED (SOMETIMES COLLECTIVELY REFERRED TO AS “CONSUMER REPORTS”).

SHOULD I BE EMPLOYED BY THE DIOCESE, I UNDERSTAND THAT IN CONNECTION WITH MY EMPLOYMENT AND THROUGHOUT MY CONTINUED EMPLOYMENT WITH THE DIOCESE, I HEREBY AUTHORIZE THE DIOCESE TO CONTINUOUSLY PROCURE CONSUMER REPORTS(S) ABOUT ME, INCLUDING, WITHOUT LIMITATION, CRIMINAL BACKGROUND CHECKS. I FURTHER AGREE AND UNDERSTAND THAT THE DIOCESE MAY USE THESE CONSUMER REPORTS (WHICH MAY INCLUDE INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, ETC.) IN CONNECTION WITH MY CONTINUED SUITABILITY FOR RETENTION, PROMOTION, RECLASSIFICATION, TRANSFER WITH/WITHIN THE DIOCESE. EACH SUCH CRIMINAL BACKGROUND CHECK OR OTHER CONSUMER REPORT MAY BE COMPILED WITH INFORMATION FROM COURT RECORDS, STATE OF NEVADA REPOSITORIES, LAW ENFORCEMENT AGENCIES, DEPARTMENTS OF MOTOR VEHICLES, AND OTHER STATE, FEDERAL AND/OR LOCAL AGENCIES. I UNDERSTAND THAT THE DISCLOSURE OF, OR THE PRESENCE OF, A CRIMINAL RECORD DOES NOT AUTOMATICALLY DISQUALIFY ME FROM CONSIDERATION.

THIS RELEASE ALLOWS BOTH CONVICTION AND NON-CONVICTION DATA TO BE RELEASED TO THE DIOCESE AS APPROPRIATE. I, HAVING MADE APPLICATION FOR EMPLOYMENT WITH THE ROMAN CATHOLIC BISHOP OF LAS VEGAS AND HIS SUCCESSORS, A CORPORATION SOLE FOR EMPLOYMENT, AUTHORIZE THE RELEASE OF ANY RECORD OF CRIMINAL ACTIVITY PERTAINING TO ME. I UNDERSTAND THAT SHOULD I DECLINE TO SIGN THIS CONSENT OR DECLINE TO TAKE ANY REQUIRED TESTS, INCLUDING, BUT NOT LIMITED TO BACKGROUND FINGERPRINT CHECK, MY APPLICATION FOR EMPLOYMENT SHALL BE REJECTED AND/OR ANY EMPLOYMENT MAY BE TERMINATED.

I UNDERSTAND THAT I AM REQUIRED TO COMPLETE, AND AGREE TO COMPLETE THE DIOCESE’S SAFE ENVIRONMENT TRAINING MODULE(S) ENTITLED CMG CONNECT WHICH IS A FREE CLASS PROVIDED BY THE DIOCESE.

I FURTHER UNDERSTAND THAT THE DIOCESE MAY CONTACT MY REFERENCES, MY SCHOOLS, AND MY PREVIOUS AND CURRENT EMPLOYERS AND I HEREBY AUTHORIZE THOSE REFERENCES, SCHOOLS AND EMPLOYERS TO DISCLOSE TO THE DIOCESE ALL RECORDS AND INFORMATION PERTINENT TO MY SERVICE WITH THEM WITHOUT RECOURSE AGAINST THOSE PROVIDING ANY SUCH INFORMATION. IN ADDITION TO AUTHORIZING THE RELEASE OF ANY INFORMATION REGARDING MY EMPLOYMENT, I HEREBY FULLY WAIVE ANY RIGHTS OR CLAIMS I HAVE OR MAY HAVE AGAINST MY REFERENCES, FRIENDS, FORMER EMPLOYERS, THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES, AS WELL AS ANY OTHER CORPORATION, PARTNERSHIP, ENTITY OR INDIVIDUAL WHO RELEASES SUCH INFORMATION, WHETHER SUCH INFORMATION IS FAVORABLE OR UNFAVORABLE TO ME.

I HEREBY DECLARE THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION, IN ANY OTHER DOCUMENTS, AND/OR INFORMATION PROVIDED IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO

INFORMATION PROVIDED DURING ANY INTERVIEW IS TRUE AND CORRECT. I HAVE WITHHELD NOTHING THAT WOULD, IF DISCLOSED, AFFECT THIS APPLICATION UNFAVORABLY. I UNDERSTAND THAT IF ANY INFORMATION I HAVE PROVIDED IN CONNECTION WITH THIS APPLICATION IS DETERMINED, IN THE DIOCESE'S OPINION, TO BE FALSE (EITHER BY AFFIRMATIVE MISREPRESENTATION OR BY OMISSION), MY APPLICATION FOR EMPLOYMENT WILL BE REJECTED. FURTHER, IF I AM EMPLOYED AND ANY SUCH INFORMATION IS LATER FOUND, AT ANY TIME, TO BE FALSE OR INCOMPLETE, EITHER BY AFFIRMATIVE MISREPRESENTATION OR BY OMISSION IN ANY RESPECT, I MAY BE SUBJECT TO IMMEDIATE DISCHARGE. I UNDERSTAND IF SELECTED FOR HIRE, IT WILL BE NECESSARY FOR ME TO PROVIDE SATISFACTORY EVIDENCE OF MY IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES, AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD.

NOTHING IN THIS STATEMENT, ACKNOWLEDGEMENT AND RELEASE CREATES OR IS INTENDED TO CREATE AN OFFER, PROMISE OR REPRESENTATION OF EMPLOYMENT. IF HIRED, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WITH THE DIOCESE IS "AT-WILL" AND ABSENT A WRITTEN AGREEMENT SIGNED BY BOTH THE BISHOP OF THE DIOCESE OF LAS VEGAS OR HIS AUTHORIZED DESIGNEE (DESIGNATED AS SUCH IN WRITING) AND ME, MY EMPLOYMENT, IF I AM EMPLOYED, AND ANY COMPENSATION THEREFOR, IS FOR NO DEFINITE PERIOD, AND MAY BE TERMINATED BY EITHER THE DIOCESE OR ME AT ANY TIME AND FOR ANY REASON WHATSOEVER, WITH OR WITHOUT CAUSE. NO OTHER SUPERVISOR OR REPRESENTATIVE OF THE DIOCESE OF LAS VEGAS (OTHER THAN THOSE DESCRIBED IN THE PREVIOUS SENTENCE) HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I ACKNOWLEDGE THAT IT IS MY OBLIGATION TO ASK FOR WRITTEN EVIDENCE FROM EITHER THE OFFICE OF THE BISHOP, THE VICAR GENERAL OR THE CHIEF FINANCIAL OFFICER AS TO A REPRESENTATIVE'S AUTHORIZED STATUS FOR THE PURPOSE OF AUTHORITY TO SIGN WRITTEN AGREEMENTS. I UNDERSTAND AND AGREE THAT ORAL REPRESENTATIONS MADE BEFORE OR IN THE EVENT I AM HIRED DO NOT ALTER ANY TERMS AND/OR CONDITIONS OF MY EMPLOYMENT.

I UNDERSTAND THAT CERTAIN POSITIONS WITHIN THE DIOCESE OF LAS VEGAS ARE RESERVED FOR CLERGY AND THAT OTHER POSITIONS BY THEIR NATURE REQUIRE MEMBERSHIP AND ACTIVE PARTICIPATION IN THE CATHOLIC CHURCH.

I HEREBY FULLY AND UNCONDITIONALLY RELEASE THE ROMAN CATHOLIC BISHOP OF LAS VEGAS AND HIS SUCCESSORS, A CORPORATION SOLE, AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SERVANTS AND REPRESENTATIVES AND ANY OTHER AGENCIES OR ENTITIES RELEASING INFORMATION RELATING TO MY CRIMINAL HISTORY, INCLUDING, WITHOUT LIMITATION, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SERVANTS, AND REPRESENTATIVES FROM ANY LOSS, DAMAGE OR LIABILITY IN OBTAINING OR FURNISHING SAID CRIMINAL HISTORY RECORD.

IF THERE ARE ANY QUESTIONS REGARDING THIS DOCUMENT, PLEASE CONTACT THE DIRECTOR OF HUMAN RESOURCES, THE BENEFITS MANAGER, OR THE CHIEF FINANCIAL OFFICER OF THE DIOCESE OF LAS VEGAS, BEFORE SIGNING.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT, ACKNOWLEDGEMENT AND RELEASE.**

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

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**SIGNATURE OF APPLICANT**

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**DATE**