

**DIOCESE OF CHARLESTON
APPLICATION FOR EMPLOYMENT**

Location: _____
(Diocese of Charleston or name of School or Parish)

Date: _____

The Diocese of Charleston is an **EQUAL OPPORTUNITY EMPLOYER** and does not discriminate based on race, color, sex, age, national origin, disability as defined by the Americans With Disabilities Act or status as a Vietnam Era veteran. While there are some positions for which being a practicing Catholic is a bona fide occupational qualification, the Diocese does not illegally discriminate on the basis of religion.

I. PERSONAL INFORMATION

Name: _____
Last First MI Social Security Number (Last 4 Digits)

Address: _____
Number & Street City State Zip Code

Home Phone: _____ Are you under 18 yrs of age? _____

Cell Phone: _____ Email address: _____

Previous Addresses and Dates of Residence (If at present less than seven years):

Have you EVER resided in any other states or territories within the United States other than those listed above? *Please check one:* Yes No

If yes, please list those states or territories: _____

Please list any other names, including maiden names, names by previous marriages, "nicknames", aliases, etc., by which you have ever been known:

Have you ever applied to the Diocese of Charleston for a job?

Please check one: Yes No

If yes, what job and when: _____

Do you have any relatives employed by the Diocese of Charleston or any of its parishes or schools?: _____ If yes, provide details? _____

Position desired: _____ Salary Desired: \$ _____ Hourly Annually

Status Desired: Full Time Part time PRN Earliest Start Date: _____

III. EMPLOYMENT HISTORY

INSTRUCTIONS: Starting with your current employment, list in reverse order your past employment. Please note any extended periods of non-employment (more than six (6) months).

1) Employed By: _____ Phone _____

Address: _____

City, State, Zip: _____

Position(s) Held: _____ Hours Worked/Week _____

From:(Mo./Yr.) _____ To:(Mo./Yr.) _____

Supervisor's name & title: _____

Description of job/responsibilities:

Reason(s) for leaving: _____ Salary: _____

2) Employed By: _____ Phone: _____

Address: _____

City, State, Zip: _____

Position(s) Held: _____ Hours Worked/Week _____

From:(Mo./Yr.) _____ To:(Mo./Yr.) _____

Supervisor's name & title: _____

Description of job/responsibilities:

Reason(s) for leaving: _____ Salary: _____

IV. SPECIAL SKILLS

Do you speak any foreign languages? Yes No If yes, are you fluent in speech and writing?

List any computer skills including software experience:

List any relevant accomplishments, qualifications and/or volunteer experience:

Why are you interested in working for the Diocese of Charleston? _____

V. REFERENCES
Please provide a minimum of three professional references.

Name	Company/ City, State	Telephone (indicate if home/work/cell phone)	Alternative number

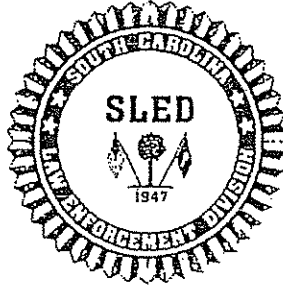
VI. MISCELLANEOUS

Have you ever been convicted of or pled guilty or no contest to a crime (felony or misdemeanor) other than a minor traffic violation? Yes No If yes, please explain in detail and give disposition of case (a yes response does not necessarily mean applicant will not be considered for hire):

Has a civil complaint (including internal complaints given to management or supervisors at places of employment) or a criminal complaint ever been filed against you which alleged physical or sexual abuse, neglect, or misconduct by you or your participation or facilitation of such activities? Yes No If yes, please explain in detail and give disposition of case (a yes response does not necessarily mean applicant will not be considered for hire):

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

CRIMINAL RECORDS CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): _____

AKA and/or MAIDEN NAMES: _____

DOB: _____

SSN _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

NAME OF CHARITABLE ORGANIZATION (if applicable): _____

CHARITABLE VERIFICATION ACCOUNT # (if applicable): _____

PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and account number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. *Please enclose a self addressed stamped envelope for the return of your record check.

SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

(CJ-022) 5/11/11



This Employer Participates in E-Verify

E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS) with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

NOTICE

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

Employment Verification  Done

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify

E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA) y si es necesario al Departamento de Seguridad Nacional (DHS) información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si esta usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O

La Ley Federal le prohíbe a todos los empleadores que discriminan o intenten discriminar a una persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification  Done.

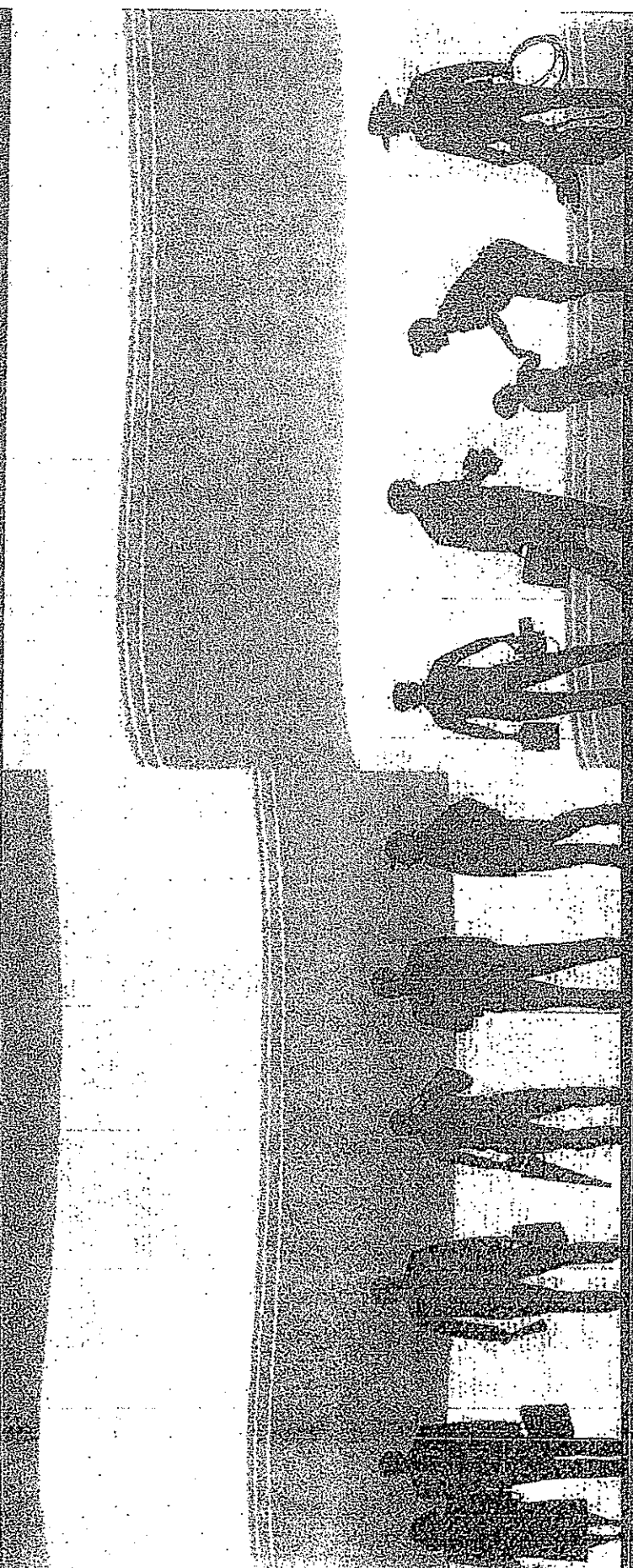
Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4213



E-VERIFY IS A SERVICE OF DHS AND SSA

SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que:

Ningún patrono puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patronos no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha enfrentado a cualquier de estas situaciones, usted podrá tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

Lláme al 1-800-255-7688.
La línea telefónica para personas con problemas de audición es 1-800-257-2515. En Washington, D.C. llame al 202-616-5594 o al 202-616-5526 (personas con problemas de audición), o escriba a la Oficina del Consejero Especial, División de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-7728.

Departamento de Justicia
De los Estados Unidos
División de Derechos Civiles

Oficina del Consejero Especial

