

Recommended Application Form For Cause Employment

APPLICATION FORM A

POSITION DESIRED _____

NAME: _____
(Last) (First) (Middle) (Maiden Name)

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE AVAILABLE: _____
(Day) (Evening)

SOCIAL SECURITY NUMBER: _____

Are you a faith-filled practicing member of the Roman Catholic Church? _____

If selected, and conditions prove satisfactory, have you any plans to prevent your remaining at least three years in this position? _____

Why do you wish to leave your present position? _____

HEALTH

Condition of health in the past two years: _____

Number of days lost last year because of personal illness: _____

Do you have any physical, mental, or medical impairments which would preclude or interfere with your performance of the position(s) for which you are applying? _____

Have you ever been injured in the course of your employment? _____ yes _____ no

If answer is "yes," explain _____

Date injury occurred: _____

Nature of injury: _____

Activity when injury occurred: _____

Employer when injured: _____

Immediate supervisor when injured: _____

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How did injury occur (describe in detail) _____

Have you been compensated for these injuries? _____ Yes (If yes give the details.) _____ No

Have you ever been convicted of a criminal offense? _____ Yes (If yes give the details) _____ No

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____ Phone # _____

Address _____

PERSONAL CHARACTERISTICS (describe the strengths that you bring to this position.)

EDUCATIONAL BACKGROUND Provide educational background beyond high school --- please **attach copies** of your undergraduate and graduate transcripts. Use the back of this sheet if more space is required.

Name of Institution	City / State	Date Attended	Yr. Grad.	Degree

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DEGREES

Bachelor Degree: Major Subject _____ Number of Hours _____

Minor Subject _____ Number of Hours _____

Master Degree: Subject _____

Doctor Degree: Subject _____

EXPERIENCE List in chronological order all places you have been employed. Use the back of this sheet if more space is required.

Employer	City/State	Dates	Type of Work	Reason You Left

REFERENCES List names and addresses of four persons who would submit references for you. You must include your present/last employer.

1. Name of Present/Last Employer: _____

Address: _____ Phone: _____

Name of Immediate Supervisor: _____ Phone: _____

2. Name of Any Former Employer: _____

Address: _____ Phone: _____

Name of Immediate Supervisor: _____ Phone: _____

3. Professional Colleague: _____ Occupation: _____

Address: _____ Phone: _____

4. Pastor or other who would know of your religious involvement:

Name: _____ Title/Institution: _____

Address: _____ Phone: _____

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PUBLICATIONS/PROGRAMS (List any publications/programs which you have written or conducted in the last five years. Please enclose a sample.)

SALARY

1. Current Salary _____ 2. Acceptable Salary Range _____

- I understand that the information I have furnished herein will be checked as to its accuracy and I hereby authorize this to be done. I understand that a false statement made by me regarding any material facts requested on this application form will be sufficient cause for rejection of my application or dismissal from employment in the event I am hired.
- I agree to submit to a physical examination by a physician specified by the hiring agency to determine if I am physically capable to perform the type of work for which I have applied.
- I further understand that my employment is conditional until such time as the results of my pre-employment physical are known.
- I understand that in accordance with Public Act 96 of the Public Acts of 1995, it is a criminal misdemeanor to use a suspended, surrendered, revoked, nullified, fraudulently obtained, altered or forged teaching certificate, school administrator certificate, other State Board of Education approval, or a certificate or approval of another person for the purpose of obtaining employment.

Signature of Applicant: _____ Date: _____

Rule
Adopted: February 23, 1989
Revised: August 17, 1995
Updated: February 2002

DIOCESE OF MARQUETTE
Marquette, Michigan

Criminal Background Check

MENOMINEE CATHOLIC CENTRAL SCHOOL
MENOMINEE, MICHIGAN

Pursuant to Public Act 68 of 1993 and Public Act 83 of 1995,

I, _____ represent that (check one):

_____ 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.

_____ 2. I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date, and court):

a. _____

b. _____

c. _____

I understand and agree that pursuant to Public Act 68 of 1993 and Public Act 83 of 1995:

(1) the Local Commission/Board of Education of the school district or governing body of the nonpublic school (the "School") must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police and the Federal Bureau of Investigation (F.B.I.);

(2) until that report is received and reviewed by the School, I am regarded as a conditional employee; and

(3) if the report received from the Michigan Department of State Police or the F.B.I. is not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of the school.

Social Security# _____ Date of Birth _____

_____ Date

_____ Signature

Rule
Adopted: May 6, 1993
Revised: August 17, 1995
Revised: July 2003

DIOCESE OF MARQUETTE
Marquette, Michigan

References**REQUEST FOR INFORMATION**

Menominee Catholic Central School
1406 10th Avenue
Menominee, MI 49858

Date _____

Dear Sir or Madam:

_____ has applied for employment with our school.

We enclose a statement signed by _____ authorizing you to provide us with specified information.

Pursuant to Public Act 189, in order that we may evaluate this applicant's qualifications for employment, we are required by State law to ask that you: 1) disclose to us any unprofessional conduct by this applicant; 2) make available copies of all documents in this individual's personnel record relating to such unprofessional conduct.

For purposes of this request, State law defines "unprofessional conduct" as including "...one or more acts of misconduct, one or more acts of immorality, moral turpitude, inappropriate behavior involving a minor, or commission of a crime involving a minor."

According to Public Act 189, an employer is required to provide the requested information within 20 business days after receipt of a request. An employer who discloses such information in good faith is immune from civil liability for the disclosure, unless certain circumstances described in the statute exist.

Thank you for your anticipated prompt response to this request. If you have any questions, please call the undersigned at 863-3190.

Sincerely,

Dan Paul

APPLICANT'S STATEMENT

As a condition for employment with Menominee Catholic Central School, pursuant to the 1996 Public Act 189, I authorize my current and former employer or employers to

1) disclose to Menominee Catholic Central School, an unprofessional conduct by me, and 2) to make available to Menominee Catholic Central School, copies of all documents in my personnel record relating to that unprofessional conduct.

I release my current and former employers, and their employees acting on their behalf, from any liability for providing the information described above.

I waive any written notice required under section 6 of the Bullard-Plawecki Employee Right to Know Act, MCLA 423.506, in connection with the provision of such information.

I understand the Public Act 189 defines "unprofessional conduct" as one or more acts of misconduct, one or more acts of immorality, moral turpitude, inappropriate behavior involving a minor, or commission of a crime involving a minor. I also understand that a criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct.

DATE _____

APPLICANT _____

WITNESS _____

(School Official)

Rule
Adopted: February 6, 1997
Updated: February 2002

DIOCESE OF MARQUETTE
Marquette, Michigan



**Volunteer and Church Personnel
Criminal Background Check
Authorization Form**

Diocese of Marquette

Parish/School/Diocesan Office: Menominee Catholic Central School Menominee
(Where do you work/volunteer?) **Parish/School/Diocesan Office** **City**

What is your Position? _____
(at the parish/school/Diocesan office) **Your Position**

As a church we value the safety of children in our care, our employees and volunteers and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the diocese mandates that criminal history background checks be conducted for all employees and volunteers. A volunteer is defined as an unpaid person working at a school or parish who on a regular basis, sees, works with or is around children in an unsupervised situation, or has the potential to be alone with children, or in a position to observe those who are. Please complete this form of basic information about you, which assures the best possible program and safety for all.

Please complete your responses to the following questions and return this form to your Parish/School Safe Environment Program Coordinator.¹

Name: _____
First Middle Last

*Date of Birth: _____ Social Security #: _____ (Only required if resident outside of Michigan in the last 7 years)

Address: _____ City: _____ State: _____ Zip: _____

Known by any other name(s): _____

Place of Employment: _____ Work Phone: _____ Home Phone: _____

Number of years in Michigan: _____ If less than 7 years, please list all previous residence(s) outside of Michigan in the past 7 years:

a. _____
Street City State Zip County

b. _____
Street City State Zip County

Driver's license #: _____ State: _____ *Sex: Male _____
(Only required if resident outside of Michigan in the last 7 years) Female _____

Authorization:

I understand that investigative inquiries on my background are to be made about me, to assess whether any reason exists that would suggest that I not be accepted for the position. These inquiries will be made according to policies of the hiring entity and will consist of a criminal history background check and/or driving record check using the services of the Diocesan Department of Finance or a designated outside firm. The information received will be kept confidential and will be used only to determine my suitability for the above noted position.

I authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation. In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future.

(Signature of Volunteer / Church Personnel) (Date)

*Note: Date of birth and sex are being requested only for purposes of identification in obtaining accurate retrieval of records.

¹ _____
Parish/School Safe Environment Program Coordinator will forward this Authorization Form to the Diocesan Safe Environment Program Coordinator, PO Box 1000, Marquette, MI 49855
Revised January 2009