



EMPLOYMENT APPLICATION

*Please complete the application and return to the Receptionist.
Copies of your Driver License or State ID and Social Security Card are also needed.*

The hiring supervisor will be in contact if further processing will be pursued.

*TB and Drug/Alcohol Testing and Background Checks are required prior to employment.
You will be advised when this is necessary.*

Thank You for applying for employment at St. Pj's!

The mission of St. Pj's is to serve the needs of the children and families by providing a safe, nurturing community to heal body, mind and spirit, shape successful adults, and break the cycle of abuse and neglect.

919 Mission Rd San Antonio, TX 78210

Phone: 210-5331203 Fax: 210-533-6199

Website: www.stpjhome.org

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status or disability.

Please answer every question. Please print in black or blue ink.

Position Applied For: _____ **Today's Date:** _____

| | | | | | |
|-------------------------|--------|--|-------|----------|-------|
| Name: _____ | | | | | |
| Last | _____ | First | _____ | Middle | _____ |
| Address: _____ | | | | | |
| Number | Street | City | State | Zip Code | _____ |
| Daytime Phone:(_____) | | Social Security #: _____ - _____ - _____ | | | |
| Area Code + Number | | | | | |

How were you referred to us? Person (name): _____
 Newspaper (name): _____ Job Fair (location): _____
 Internet website (name): _____ Other: _____

Can you furnish a work permit if you are less than 18 years of age? Yes No N/A

Have you applied with us before? Yes No *If yes, please provide date:* _____

Have you been employed with us before? Yes No

If yes, please provide date and job title: _____

Do you have relatives currently employed here? Yes No

If yes, please provide name and relationship: _____

Are you currently employed: Yes No

May we contact your present employer? Yes No N/A

On what date are you available for work? _____

What is your minimum salary requirement? Please state in dollars: \$ _____

Annual Hourly (Please do not write "negotiable")

Can you furnish proof of citizenship or immigration status upon employment? Yes No

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires? Yes No

Do you have a valid driver license? Yes No Number and State: _____

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

Date of incident(s): _____

Location (City and State): _____

Charges: _____

Penalty: _____

Have you been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answer to either of the above is yes, please give details.

Indicate any other name under which you have worked:

After review of the job description for this position, do you believe you are able to perform the essential functions of this position, with or without reasonable accommodations? Yes No

PROFESSIONAL LICENSURE

| | | | |
|--|-------|----------------|-------|
| Professional License#: | _____ | Date Acquired: | _____ |
| Type: | _____ | Date Expires: | _____ |
| Professional License#: | _____ | Date Acquired: | _____ |
| Type: | _____ | Date Expires: | _____ |
| Professional License#: | _____ | Date Acquired: | _____ |
| Type: | _____ | Date Expires: | _____ |
| Have you ever had your professional license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Are you a veteran of the U.S. Military Service? If yes, please indicate branch:

List your relevant skills:

Computer Skills: _____

Leadership Skills: _____

Other Skills: _____

Language(s) spoken other than English:

Language: _____ Read Write Speak

Language: _____ Read Write Speak

Language: _____ Read Write Speak

EDUCATION

Please note that college degrees must be from ***an accredited university*** in order to be considered for employment. Proof of education is required in the event that a conditional job offer is made.

| |
|---|
| High School: _____ <input type="checkbox"/> Diploma or <input type="checkbox"/> GED <input type="checkbox"/> Last Grade Completed: _____ Honors or Awards Received: _____ |
| Vocational or Trade School: _____ Type: _____ Date Received: _____ Honors or Awards Received: _____ |
| College or University: _____ Degree: <input type="checkbox"/> Bachelor <input type="checkbox"/> Associate Type: _____ Date Received: _____ Honors or Awards Received: _____ |
| Graduate or Professional: _____ <input type="checkbox"/> Masters Type: _____ Field: _____ Date Received: _____ Honors or Awards Received: _____ |
| Graduate or Professional: _____ <input type="checkbox"/> Doctorate Type: _____ Field: _____ Date Received: _____ Honors or Awards Received: _____ |

Are you currently attending school? Yes No
If yes, please indicate schedule/number of hours earned/attending: _____

Name and Address of Institution: _____

EMPLOYMENT RECORD

*This section must be completed, even if you are attaching a resume. Begin with your present or most recent employment. Include self-employment, summer or part-time jobs, and military service assignments for the **PAST 10 YEARS**.*

| | | | | | |
|---|--|-----------|-------------------|---------------------------------|---------------------------------|
| Job Title: _____ | | | | | |
| Date Employed: From: _____ | | To: _____ | | <input type="checkbox"/> Exempt | <input type="checkbox"/> Hourly |
| Final Salary: \$ _____ | | | | | |
| Employer: _____ | | | Supervisor: _____ | | |
| Address: _____ Phone: _____ | | | | | |
| Number | | Street | | City | |
| | | | | State | |
| | | | | Zip Code | |
| Summary of Work Performed: _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| Did you receive any disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | | |
| <i>If disciplinary action received, Explain:</i> _____ | | | | | |
| _____ | | | | | |
| Specific Reason for Leaving: _____ | | | | | |
| _____ | | | | | |

| | | | | | |
|---|--|-----------|-------------------|---------------------------------|---------------------------------|
| Job Title: _____ | | | | | |
| Date Employed: From: _____ | | To: _____ | | <input type="checkbox"/> Exempt | <input type="checkbox"/> Hourly |
| Final Salary: \$ _____ | | | | | |
| Employer: _____ | | | Supervisor: _____ | | |
| Address: _____ Phone: _____ | | | | | |
| Number | | Street | | City | |
| | | | | State | |
| | | | | Zip Code | |
| Summary of Work Performed: _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| Did you receive any disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | | |
| <i>If disciplinary action received, Explain:</i> _____ | | | | | |
| _____ | | | | | |
| Specific Reason for Leaving: _____ | | | | | |
| _____ | | | | | |

EMPLOYMENT RECORD (Continued)

Job Title: _____

Date Employed: From: _____ To: _____ Exempt Hourly Final Salary: \$ _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____
Number Street City State Zip Code

Summary of Work Performed: _____

Did you receive any disciplinary action? Yes No Did you voluntarily resign? Yes No N/A

If disciplinary action received, Explain: _____

Specific Reason for Leaving: _____

Job Title: _____

Date Employed: From: _____ To: _____ Exempt Hourly Final Salary: \$ _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____
Number Street City State Zip Code

Summary of Work Performed: _____

Did you receive any disciplinary action? Yes No Did you voluntarily resign? Yes No N/A

If disciplinary action received, Explain: _____

Specific Reason for Leaving: _____

Job Title: _____

Date Employed: From: _____ To: _____ Exempt Hourly Final Salary: \$ _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____
Number Street City State Zip Code

Summary of Work Performed: _____

Did you receive any disciplinary action? Yes No Did you voluntarily resign? Yes No N/A

If disciplinary action received, Explain: _____

Specific Reason for Leaving: _____

BACKGROUND INFORMATION

| |
|--|
| Have you ever been convicted of or pled no contest (nolo contendere) to a <u>felony</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Felony Degree (if known): _____ |
| State/County: _____ Date: _____ |
| Explain: _____ |
| Sentence/Fine: _____ |

| |
|---|
| Have you ever been convicted of or pled no contest (nolo contendere) to a <u>misdemeanor</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Misdemeanor Class (if known): _____ |
| State/County: _____ Date: _____ |
| Explain: _____ |
| Sentence/Fine: _____ |

Conviction does not necessarily disqualify applicants from employment. However, unless proof of rehabilitation has been established, no person may be hired or kept employed in a position if that person has been convicted of:

- ♦ *A felony or misdemeanor classified as an offense against a person or family*
- ♦ *A felony or misdemeanor classified as public indecency*
- ♦ *A felony violation of any law intended to control the possession or distribution of any substance classified as a controlled substance by federal, state or local statutes*

(Source: Texas Department of Family and Protective Services, Child Care Standards and Regulations for Licensed Child Care Facilities)

| |
|---|
| Have you ever had a complaint filed against you with the Department of Family and Protective Services in Texas or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| State/County: _____ Date: _____ |
| Explain: _____ |
| Final result of complaint: _____ |

EMPLOYMENT ELIGIBILITY AND RELATED REQUIREMENTS

- ♦ Background Checks are required and must have acceptable results.
- ♦ TB and Drug/Alcohol Tests are required and must have negative results.
- ♦ For positions that require driving for the agency, eligibility for employment will be determined by a review of the applicant's driving record by the Archdiocese of San Antonio. Completion of a Defensive Driving class is also required.
- ♦ All employees must attend a Policy on Sexual Harassment class as required by the Archdiocese of San Antonio.
- ♦ The St. PJ's Policies/Agreements packet must be signed by all employees.

PERSONAL REFERENCES

*Must be Non-Relatives
Please provide all information requested.*

Name: _____ Relationship: _____

Address: _____
Number Street City State Zip Code

Daytime Phone: () _____ Profession: _____
Area Code + Number

Length of time you've known this person: _____

Name: _____ Relationship: _____

Address: _____
Number Street City State Zip Code

Daytime Phone: () _____ Profession: _____
Area Code + Number

Length of time you've known this person: _____

Name: _____ Relationship: _____

Address: _____
Number Street City State Zip Code

Daytime Phone: () _____ Profession: _____
Area Code + Number

Length of time you've known this person: _____

CHILD CARE WORKER APPLICANT QUESTIONNAIRE

Please answer the following questions so that we may learn more about you and your suitability for the position. Attach additional sheets for your answers if needed.

1. Please explain the reason for your interest in employment as a child care worker?

2. What is your definition of a "good" child?

3. What is your definition of a "bad" child?

4. What is your definition of a "good" parent?

5. What is your definition of "proper discipline" for children?

6. What are your three greatest strengths in working with children?

7. What are your three greatest weaknesses in working with children?

CHILD CARE WORKER APPLICANT QUESTIONNAIRE
(Continued)

8. Describe the most frustrating experience you have ever had with children.

9. Describe the most rewarding experience you have ever had with children.

10. How do you behave when you are feeling anger and frustration?

11. What are your immediate indicators when feeling anger and frustration?

12. What causes you stress and how do you deal with it?

13. What are your immediate indicators when you become stressed?

14. Why would you like to work at St. PJ's?

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing.

In consideration of being employed, I understand and agree that:

- ♦ The receipt of this application does not imply any guarantee of employment.
- ♦ If I misrepresent or deliberately omit any information on this application, I may be refused employment or if employed, I may be terminated.
- ♦ This organization has my authorization to thoroughly investigate my employment and personal history (which may include information concerning my character, criminal convictions, mode of living, general reputation, personal characteristics and related pertinent information) and I hereby consent to take any test, whenever the organization deems it necessary, in any employment investigation. I will hold no person, corporation or organization liable for my giving or its receiving information in such investigation. (Under Texas statute, potential employers of mental health professionals must ask current and past employers to disclose any history or instance of sexual contact, exploitation, or therapeutic deception by the applicant. Additionally, the law requires current and past employers to disclose any history or instance of abuse by the applicant. This information is sought and disclosed for the sole purpose of safeguarding the welfare of our residents.)
- ♦ If employed, I may terminate my employment at any time, without notice or cause, and the employer may terminate or modify the employment relationship at any time without prior notice or cause. If employed, I understand that my employment is for no definite period of time and if terminated, the employer is liable only for wages or salaries earned as of the date of termination.
- ♦ In consideration of my employment, I agree to comply with the rules, regulations and policies of the employer.
- ♦ If employed, I understand that no representative of the employer, other than the Executive Director of the organization, has any authority to enter into any agreement, oral or written, for employment for any specific period of time or to make any agreement or assurance contrary to this policy.
- ♦ Any physician, hospital or testing laboratory has my consent to conduct medical examinations or drug screening tests on me, and I hereby give my consent for all such information to be released for the employer to determine my abilities to perform my job, now or in the future. I also give my consent to physical searches of myself and my briefcase, lunch box, vehicle, locker, purse or any packages I have while on the employer's premises, whether or not I have a lock on such items.
- ♦ The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I accept these conditions of employment.
- ♦ The employer is an equal opportunity employer. The employer does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status or disability, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local law.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature: _____

Date: _____

This application is current and active for a period of one (1) year.

EMPLOYER REFERENCES (for Administrative Use ONLY)

Company Name: _____ City: _____ State: _____
Reference From: _____ Position: _____
What are the dates of his/her employment with your company? _____
Job title and function: _____
Dependability on completing assignments: Excellent Adequate Poor
Attitude toward supervision: Excellent Adequate Poor
Attendance/promptness: Excellent Adequate Poor
Willingness to take responsibility: Excellent Adequate Poor
Work attitude: Excellent Adequate Poor
Any personal difficulties that adversely affected his/her work? _____
Why did he/she leave your employment? _____
Would you rehire this individual? _____
Is there anything else that we should know about? _____

Company Name: _____ City: _____ State: _____
Reference From: _____ Position: _____
What are the dates of his/her employment with your company? _____
Job title and function: _____
Dependability on completing assignments: Excellent Adequate Poor
Attitude toward supervision: Excellent Adequate Poor
Attendance/promptness: Excellent Adequate Poor
Willingness to take responsibility: Excellent Adequate Poor
Work attitude: Excellent Adequate Poor
Any personal difficulties that adversely affected his/her work? _____
Why did he/she leave your employment? _____
Would you rehire this individual? _____
Is there anything else that we should know about? _____

Company Name: _____ City: _____ State: _____
Reference From: _____ Position: _____
What are the dates of his/her employment with your company? _____
Job title and function: _____
Dependability on completing assignments: Excellent Adequate Poor
Attitude toward supervision: Excellent Adequate Poor
Attendance/promptness: Excellent Adequate Poor
Willingness to take responsibility: Excellent Adequate Poor
Work attitude: Excellent Adequate Poor
Any personal difficulties that adversely affected his/her work? _____
Why did he/she leave your employment? _____
Would you rehire this individual? _____
Is there anything else that we should know about? _____

PERSONAL REFERENCES (for Administrative Use ONLY)

Reference Name: _____

How long have you known this individual? _____

Will you provide a character reference on this individual? Yes No

In your own words, please describe this person's character: _____

Is there anything else we should know about this individual? _____

Reference Name: _____

How long have you known this individual? _____

Will you provide a character reference on this individual? Yes No

In your own words, please describe this person's character: _____

Is there anything else we should know about this individual? _____

Reference Name: _____

How long have you known this individual? _____

Will you provide a character reference on this individual? Yes No

In your own words, please describe this person's character: _____

Is there anything else we should know about this individual? _____

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

| | | | |
|--|--|--|--|
| Operation Name St Peter-St Joseph Children's Home | | Operation Number 320/817874 | Telephone No. (A/C) (210) 533-1203 |
| Operation Address (Street, City, ZIP) 919 Mission Rd | | Operation Mailing Address (City & Zip) San Antonio, TX 78210 | County Bexar |

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child care facility or family home to provide identifying information on the director, owner and/or operator, each employee and each person 14 years of age or older who will regularly or frequently be staying or working at the facility or home while the children are in care (other than a child in care at the facility or home). This information will be used to check for any criminal history that is a violation of minimum standards and the Department's central registry of abuse and neglect. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. The criminal history and central registry checks are not intended to delay hiring new staff. You will be notified of the results of the check.

I verified (by looking at the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Signature of Director, Owner, or Operator

Date

Complete the following for each person requiring a Criminal History/Central Registry Check; verify that the information is accurate by checking the person's social security card and/or driver license; and return all required background check request forms to your local licensing office. All names used currently or in the past by the person must be entered. Without these names you may get cleared results when there is actually a match. **If a new person is being hired you must submit the request TO YOUR LOCAL LICENSING OFFICE WITHIN TWO DAYS after the person is hired or is present in the operation. Requests for background checks may be submitted by mail or through the TDFPS Internet at the following address: http://www.dfps.state.tx.us/Child_Care/Information_for_Child_Care_Professionals. If you are submitting your request through the Internet please DO NOT submit this form to your licensing office. If you are not submitting your request through the Internet the background check request form must be submitted to YOUR LOCAL LICENSING OFFICE.** Additional copies of this forms may be obtained on the DFPS web site. For each person listed on this form or submitted through the Internet, a \$2 fee must be paid. A Form 2988-A, Child Care Fee Schedule, along with the fee(s), must be submitted to: **TDFPS, Accounting Division E-672, P.O. Box 149030, Austin, TX. 78714-9030.**

Failure to submit fee payments can result in adverse action including suspension or revocation.

| | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check | | <input type="checkbox"/> FBI Check Required | |
| Social Security Number | | ID Type - Drivers License or ID Number -State | |
| First Name | Middle Name | Last Name | |
| Street Address | City | State | Zip |
| County | Telephone No. (A/C) | Date of Birth | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county: | | Relationship of person to requestor | |
| | | <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other | |
| Date Hired /Used by the Operation/Agency | Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other | Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native | |
| Other names used (married, maiden, etc.) First Name | Middle Name | Last Name | |

| | | | | | | |
|----------------------|--------------------------|-------------------------------|-------------------------------|----------|-------------------------|----------------|
| DFPS Use Only | Worker Name--Last, first | | Mail Code | District | Operation No | Operation Type |
| | Date Received | Date Criminal History Entered | Date Central Registry Checked | | Date FBI Card Submitted | |

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF _____

COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

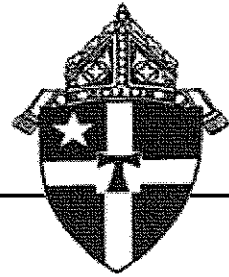
Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____

THE ARCHDIOCESE OF SAN ANTONIO



Human Resources Office
2718 West Woodlawn Avenue
San Antonio, Texas 78228-5195
Phone: (210) 734-2620 Fax: (210) 734-1919

CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

Please print as neatly as possible and fill out both sides. Illegible forms will be returned.

Name: _____
 First Middle Last

Other names used: _____

Current address: _____
 Street City State Zip

List every city and state you have lived in the past 10 years:

Daytime phone #: _____ Other phone #: _____

Driver's license #: _____ State: _____ Date of birth: _____

Name of Parish or Agency: St Peter-St Joseph Children's Home

Volunteer Position or Job Title *with St Peter-St Joseph Children's Home* :

| |
|---|
| FOR OFFICE USE ONLY: This individual is clear of criminal records _____ This individual is not clear of criminal records _____ Comments: _____ _____ |
|---|

You must answer the following:

Have you ever been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.) YES NO

If you answered "YES", please attach a separate piece of paper giving full details of the event.

Please read the following paragraphs carefully and sign below to indicate that you understand this document:

I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Services and my driving record.

I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.

I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.

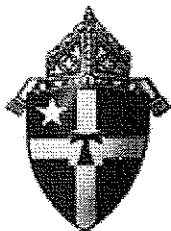
I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.

The statements made by me on this form are true, correct, accurate and complete and are made in good faith.

I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.

Signature: _____

Date: _____



Archdiocese of San Antonio

Office of Risk Management

2718 West Woodlawn

San Antonio TX 78228

(210) 431-3465

(210) 431-7742 Fax

AUTHORIZATION AND RELEASE FORM FOR DRIVING RECORD SEARCHES

I do hereby release and authorize the Archdiocese of San Antonio and the Claims/Risk Management Office to perform a driving record search.

Name (as it appears on Drivers License): _____
Last Middle First

Current Address: _____
City State Zip

Drivers License Number: _____ Birth Date: _____

Employee Job Title: _____

or

Volunteer Position: _____

Signature: _____ Date: _____

Name of Parish or Agency: St Peter-St Joseph Children's Home