

DIOCESE OF DES MOINES

APPLICATION FOR CERTIFIED EDUCATIONAL POSITION

I. PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last First Social Security #

Present Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Present Address \_\_\_\_\_ Permanent Address \_\_\_\_\_  
FAX \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you a Roman Catholic? Yes No If yes, name of parish \_\_\_\_\_

II. POSITION, EDUCATION AND EMPLOYMENT INFORMATION:

Are you applying to a specific school in the diocese? Yes No

If yes, name of school: \_\_\_\_\_

Position desired: Administration PreSchool Substitute - Grade(s) \_\_\_\_\_  
(Check those that apply) Counselor Talented/Resource Full-Time K-5 6-8 9-12  
Media/Librarian Teacher Part-Time K-5 6-8 9-12  
Technology

If elementary (K-8) teacher, list the grades/subjects you are certified to teach in order of preference: \_\_\_\_\_

If secondary (9-12) teacher, list the subjects you are certified to teach in order of preference: \_\_\_\_\_

Would you be willing to direct or assist with extra curricular activities? Yes No

If yes, which activities: \_\_\_\_\_

Secondary Education:  
Name of School City State Zip Date of Graduation

College and Universities:  
Name City State Zip Dates Attended Degree & Date Received

harassment or exploitation?	Yes	No
Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of abuse by you, or relating to civil or criminal complaints for abuse of others?	Yes	No
Have you ever been dismissed from any position because of immoral conduct	Yes	No
unprofessional conduct	Yes	No
unfitness for service	Yes	No
unsatisfactory service?	Yes	No
Have you ever been charged or convicted of any felony or misdemeanor (other than minor traffic offenses)?	Yes	No
Did you ever enter into an agreement with any past employer not to divulge the true reason for termination of employment?	Yes	No

**Please request your credential file be sent to us. Please attach a written summary of your reasons for applying to a Catholic school.**

**EMPLOYMENT DOCUMENTATION:**

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. I understand that any offer of employment will, therefore, be contingent on my ability to produce the required documentation within the time period required by law.

**BACKGROUND CHECKS: (Please read carefully)**

If you wish to be considered for employment in any of the Catholic schools in the Diocese of Des Moines, you must submit to several kinds of background checks. The background checks will include, but are not limited to, job related matters and criminal offenses, including sexual misconduct.

The applicant must complete the attached forms and return them signed with the completed application.

Return to: Schools Office  
 Diocese of Des Moines  
 601 Grand Avenue  
 Des Moines, IA 50309

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**or**

Catholic School of your choice

DIOCESE OF DES MOINES  
Background Screening Application

SECTION 1

TO BE COMPLETED BY LOCATION

Check one box:  Parish  School  Other  
Location Name: \_\_\_\_\_ City: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parish / School ID # \_\_\_\_\_ Virtus date: \_\_\_\_\_

Check the category that best fits your position:  
 Applicant: anticipated start date \_\_\_\_\_  
 Candidate for ordination (deacon/seminarian)

Check all that apply:  
 Regular Contact with Children  
 MINOR

If you transport individuals for parish or school events,  
please complete the MVR section below:

Priest / Deacon  
 Educator (BOEE licensed)  
 Employee (Chancery, School, Parish)  
 Volunteer

Motor Vehicle Report (MVR):  
Issuing State \_\_\_\_\_  
Driver's License # \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City State Zip County

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Realizing, as Church, the importance of protecting youth and other vulnerable populations, I hereby consent and authorize an investigative consumer report to be conducted if deemed appropriate by the Diocese of Des Moines, any parish, school, or related Catholic institution. Public records may be used in this report, such as civil and criminal records and driving records, as well as personal interviews, as needed. I realize this inquiry may include information regarding my character, general reputation, a criminal background check and motor vehicle report. I release the Diocese of Des Moines, any parish, school, or related Catholic institution and their agents from liability associated with obtaining that inquiry.

This consumer report will be used for employment/volunteer selection purposes and may be subject to the Fair Credit Reporting Act (FCRA). I may receive a free copy of this report. Before any adverse action is taken based on this report, I will receive a copy of the report and notice of my rights under the FCRA.

Mindful of the importance of protecting children and other vulnerable persons, the undersigned acknowledges a truthful response of this information. I understand that past violations would not necessarily preclude the employment or volunteer position sought.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*(Social security # required for background check)*

Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF THE CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH SECTION 2

This is to acknowledge that I have received and reviewed a copy of the "Code of Conduct for the Protection of Children and Youth" of the Diocese of Des Moines.

I understand that I am responsible for complying with the policies as stated and should refer any questions to my immediate supervisor or the Diocesan Human Resources Department (515-237-5085) for clarification. I further understand that the Diocese reserves the right to change, modify and/or revise any of the policies at any time.

Employee's/Volunteer's Signature **X** \_\_\_\_\_  
Employee's/Volunteer's Name \_\_\_\_\_  
Parish/School/Agency \_\_\_\_\_  
Date \_\_\_\_\_ Position/Description: \_\_\_\_\_

Please complete page 3 →

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Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- X Child Abuse Registry, Dependent Adult Abuse Registry, Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address, Fax, X Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last Shoeman, First Jacque, Agency Name Roman Catholic Diocese of Des Moines, Telephone Number (515) 237-5097, Address 601 Grand Avenue, Fax Number (515) 237-5042, City Des Moines, State IA, Zip Code 50309, Email jshoeman@dmdiocese.org

List the name and address of the person whose information is being requested: Name (last, first, middle), Birth Date, Social Security Number, Address, City, County, State, Zip Code

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information? Potential Employment or Volunteer or Recheck

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor [Handwritten Signature], Date

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing, Date

Section 3: To be completed by the Central Abuse Registry or designee.

- Checkboxes for: The person whose information is being requested is listed on the Child Abuse Registry as having abused a child, The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child, The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult, The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult, This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee, Date

Comments

## **LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

### **Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not disseminate (release) this information, except that dissemination is permitted when **ALL** of the following conditions apply:

- ◆ The dissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be disseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the dissemination, including the name of the recipient and the date and purpose of the dissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the dissemination.

### **Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.