



disposition of the complaint.)

6. Have you ever suspended or terminated your employment or had your employment suspended or terminated for reasons relating to allegations of physical or sexual misconduct?

Yes       No

If yes, give a short explanation. (Please indicate the date, nature, and place of the allegations, the dispositions of the allegations, and your employer at the time including your employer's name, address, and telephone number.)

7. Have you ever been suspended and/or had any license or certificate suspended or revoked for reasons relating to allegations of physical or sexual misconduct?

Yes       No

If yes, give a short explanation of the allegations. (Please indicate the date, nature, and place of the allegations, the dispositions of the allegations, and the licensing or certificate granting agency, including the name, address, and telephone number of the agency.)

8. Have you ever been accused, arrested, charged with and/or convicted of child abuse or a crime involving actual or attempted physical abuse or sexual molestation of a minor?

Yes       No

If so please explain:

9. Has any formal or informal charge, claim, or complaint ever been made that you engaged in inappropriate sexual behavior or physical abuse?       Yes       No

If so, give full details:

10. List by name, street address, telephone number and contact person for all your employers

(Employees only):

---

---

11. Driver's License Number (Employees only):

12. List three persons who can provide character references relating to your fitness for working with young people. These should not be family members or past or present employers.

Name: \_\_\_\_\_ Home Phone:

Street Address:

City/State/ZIP:

Name: \_\_\_\_\_ Home Phone:

Street Address:

City/State/ZIP:

Name: \_\_\_\_\_ Home Phone:

Street Address:

City/State/ZIP:

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information, as well as the Diocese of La Crosse.

Print Name

Signature

Date

**YEARLY UPDATE:**

I hereby verify that the above information included in this document has not changed in the last year and is correct to the best of my knowledge.

|                     |                     |
|---------------------|---------------------|
| _____<br>Print Name | _____<br>Print Name |
| _____<br>Signature  | _____<br>Signature  |
| _____<br>Date       | _____<br>Date       |
| _____<br>Print Name | _____<br>Print Name |
| _____<br>Signature  | _____<br>Signature  |
| _____<br>Date       | _____<br>Date       |
| _____<br>Print Name | _____<br>Print Name |
| _____<br>Signature  | _____<br>Signature  |
| _____<br>Date       | _____<br>Date       |
| _____<br>Print Name | _____<br>Print Name |
| _____<br>Signature  | _____<br>Signature  |
| _____<br>Date       | _____<br>Date       |

---

Print Name

Print Name

---

Signature

Signature

---

Date

Date

---

Print Name

Print Name

---

Signature

Signature

---

Date

Date

---

Print Name

Print Name

---

Signature

Signature

---

Date

Date

---

Print Name

Print Name

---

Signature

Signature

---

Date

Date

---

Print Name

Print Name

---

Signature

Signature

---

Date

Date