

**DIOCESE OF ALLENTOWN
EMPLOYMENT AFFIDAVIT**

The undersigned, _____, hereby states and verifies as follows:

1. I am employed as a _____ with the Diocese of Allentown.
2. I will begin employment with the Diocese of Allentown on _____.
3. Prior to commencing my employment with the Diocese of Allentown, I submitted a Pennsylvania State Police Criminal Record Check, a Pennsylvania Child Abuse History Certificate and a Federal Bureau of Investigation Criminal Background Fingerprint Check (collectively, "Background Certifications").
4. Each of the Background Certifications that I submitted was complete and truthful.
5. The Background Certifications are in the process of being checked/verified by the appropriate government entities and it is unlikely that the Background Certifications will be complete prior to the commencement of my employment with the Diocese of Allentown.
6. I am not disqualified from employment with the Diocese of Allentown for any of the reasons set forth in 23 Pa. C.S.A. § 6344(c), grounds for denying employment or participation in program, activity or service.
7. Specifically, I have not been convicted of any of the following crimes or an equivalent/similar crime under Federal law or the law of another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation:

- | | |
|--|---|
| a. Criminal Homicide; | k. Indecent Exposure; |
| b. Aggravated Assault; | l. Incest; |
| c. Stalking; | m. Concealing the Death of a Child; |
| d. Kidnapping; | n. Endangering the Welfare of Children; |
| e. Unlawful Restraint; | o. Dealing in Infant Children; |
| f. Rape; | p. Obscene and Other Sexual Materials and Performances; |
| g. Statutory Sexual Assault; | q. Prostitution; |
| h. Involuntary Deviate Sexual Intercourse; | r. Corruption of Minors; and/or |
| i. Sexual Assault; | s. Sexual Abuse of Children |
| j. Aggravated Indecent Assault; | |

I verify that the statements made in this Affidavit are true and correct to the best of my knowledge, information and belief, and that I make and sign this Affidavit subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

I further understand that any errors, omissions and/or false statements in this Affidavit may result in the termination of my employment with the Diocese of Allentown and/or other criminal or civil penalties.

Dated: _____

Signed: _____

Print Name: _____