



BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

Please read this form carefully.

DISCLOSURE

I have been notified that the Diocese of Belleville may request background screening be conducted to verify any information that I have provided in connection with my employment or volunteer service or to obtain information in order to determine my suitability for employment, retention, reassignment, or volunteer services.

The Diocese of Belleville may request a consumer report and/or an investigative consumer report in connection with my application for employment or volunteer services or at any time during my employment or volunteer service in accordance with all applicable laws. These reports may include information about my background, including but not limited to criminal history reports, court records, driving records, employment information, credit reports, general reputation, personal characteristics, and mode of living.

AUTHORIZATION

My signature below authorizes the procurement of a consumer report and/or investigative consumer report upon Diocese of Belleville's request in conjunction with my application for employment, volunteer services, or during the course of my employment or volunteer service.

I have read this Background Screening Disclosure and Authorization; I understand it, and I agree to its terms.

Signature: _____ Date: _____

Print Name: _____

Please provide the following information to be used to perform the background check. All fields are required.

PLEASE PRINT:

LEGAL First LEGAL Middle LEGAL Last

Street Address City State Zip

Social Security Number Date of Birth Gender

Email Address Phone Number for a text link (optional)

Former Name and/or Other Names Used:

List previous addresses for the past 5 years (please use backside of necessary):

Location Number:

Form 10

10/03/2019