

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 Backg	round Screening Di	isclosure and Authorization; I un	derstand it, and I agi	ree to its terms.
Signature:		Date:		_
Print Name:				
Please provide the fol PLEASE PRINT:	lowing information	n to be used to perform the back	ground check. All fi	elds are required.
LEGAL First		LEGAL Middle	LEGAL Last	
Street Address		City	State	Zip
Social Security Numb	er	Date of Birth	Gender	
Former Name and/or		:		
List previous addresse	es for the past 5 year	ars (please use backside of neces	ssary):	
Location Number:		Form 10		06/13/2019