

## 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 Scre	ening Disclosure and Authorization; l	l understand it, and I agr	ree to its terms.
Signature:	Date:		_
Print Name:			
Please provide the following info PLEASE PRINT:	ormation to be used to perform the b		
LEGAL First	LEGAL Middle	EGAL Middle LEGAL Last	
Street Address	City	State	Zip
Social Security Number	Date of Birth	Gender	
Email Address	Phone Number for a text lin	(optional)	
Former Name and/or Other Nam	nes Used:		
List previous addresses for the p	ast 5 years (please use backside of no	ecessary):	
Location Number:	Form 10		10/03/2019