

## BACKGROUND CHECK AUTHORIZATION and RELEASE FORM

(Please be sure to print clearly)

Please submit a copy of your Driver's License or State ID for verification of your legal name.

<u>LEGAL</u> Name (First, Middle, Last):	
Any other name(s) (maiden and/or aliases). If none, please wri	te "None":
Address:	Date of birth://
Race: □ White □ Black □ Asian/Pacific Islander □ Sex: □ Female □ Male	Unknown/Other
Years residing in Michigan: What year	rs?
Best method to contact you:	
Verification:	
☐ I have not been convicted of, or pled guilty or nolo contendere (no contest	st) to any crimes nor am I under pending arrest or indictment for a crime.
☐ I have been convicted of, or pled guilty or nolo contendere (no contest) (describe the crime and list the particulars of the conviction here or on an	
Authorization and Release (Please read prior to signing)  I understand and acknowledge that the Diocese of Gaylord or its parisher connection with a conditional offer of employment, contractual service or seapplicable federal and state laws (e.g., see Section 3(a) of the National Child P. Diocese of Gaylord. These inquiries may be repeated at the discretion of the employed or serve on a contractual or voluntary basis in order to determine service and/or to determine whether to allow me to continue to serve. I amount agency to disclose and otherwise provide any and all of the above-mest of Gaylord or its parishes, including their schools, or their agents. I understand part of my Employment, Contractual or Volunteer Application and that none of Further, a photocopy of this Authorization is deemed as valid as the original service.	ervice in a volunteer capacity. These inquiries will be made according to trotection Act of 1993) and according to the policies and practices of the he Diocese or the related parish, including their schools, in which I ame whether to terminate existing employment or contractual or voluntary athorize any individual, private or public company, firm, corporation or notioned information, verbal or written, pertaining to me, to the Diocese and that my ethnicity, date of birth, gender and my age will not be made a of these four (4) items will be considered in the review of my Application. For purposes of conducting the necessary investigation.
may challenge the accuracy and completeness of the information contained in as to the validity of such challenge before a final determination is made by the a company that is in the business of compiling background information, I investigative report from the reporting company within sixty (60) days and may that the Diocese of Gaylord or its parishes, including their schools, may deny the completion of the background check and may take adverse action regarding after procurement of the above-mentioned information and report. I hereful agents, employees, officials, representatives or assigns from any and all liability spouse (if any) my heirs, assigns, employees or agents in any way related to the understand the information received will be kept confidential and will be used or volunteer services to the Diocese of Gaylord, and/or its parishes, including	the report. Also, I understand that I may obtain a prompt determination e authorized State of Michigan agency. For a background check utilizing understand that, upon request, I am entitled to receive a copy of the glispute the accuracy or completeness of the report. I further understand y me unsupervised access to a child to whom it provides service prior to ng my employment, contractual or volunteer services, potential or actual, by release the Diocese of Gaylord, its parishes, including their schools, by or damages of whatever kind, which may, at any time, result to me, my the information obtained as a result of this Authorization and Release. I only to determine my suitability to be employed by or provide contractual
Signature	Date Rev. 10/2021