



**SECTION 1: Fair Credit Reporting Act Background Check Disclosure**

In connection with your application for employment or volunteer assignment within a ministry of the Catholic Diocese of Sioux Falls, the Diocese may seek background information about you from a consumer reporting agency. This information will be in the form of both consumer reports and investigative consumer reports. These reports may be obtained at any time after the Diocese receives authorization from you, including any time during the period of your employment if the Diocese hires you or if you become a volunteer.

Consumer reports include any written, oral, or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation, and other characteristics that is expected to be used for employment purposes. Consumer reports may include credit reports, criminal records, and driving records, among other resources.

Investigative consumer reports include similar information as consumer reports, which is obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you.

Zaeplex Legal Reports, Inc. or another consumer reporting agency, will obtain the reports for the Catholic Diocese of Sioux Falls.

You have the right to request information from the Catholic Diocese of Sioux Falls about the nature and scope of any investigative consumer report on you that is requested by the Diocese. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

A summary of your rights under the federal Fair Credit Reporting Act (FCRA) is being provided to you with this disclosure.

**SECTION 2: Authorization to Obtain Consumer Reports under the Fair Credit Reporting Act**

I acknowledge that I have received and read the *Fair Credit Reporting Act Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act* and this authorization. I certify that I understand the documents I have received.

I hereby authorize the Catholic Diocese of Sioux Falls or its authorized agents, for employment purposes, to obtain or prepare consumer reports and investigative consumer reports at any time after it receives this authorization, including any time that I may be employed by or a volunteer of the Catholic Diocese of Sioux Falls.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, educational institutions, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Zaeplex Legal Reports, Inc., other consumer reporting agencies, or the Catholic Diocese of Sioux Falls.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in an application or that I otherwise disclose during my employment or volunteer assignment may be used to obtain consumer reports and investigative consumer reports.

I also agree that a faxed, photocopied, or electronic form of this Background Check Disclosure, Authorization and Release form with my signature shall be accepted with the same authority as the original.

I understand that providing any false information or omitting any material information on my Background Check Disclosure, Authorization and Release form will be sufficient grounds for termination of my employment or volunteer assignment whenever discovered.

IF ADVERSE ACTION IS TAKEN AGAINST YOU BASED ON INFORMATION IN A CONSUMER REPORT, YOU WILL RECEIVE NOTICE OF THAT FACT AND OF YOUR RIGHT TO CORRECT INACCURATE INFORMATION.



BACKGROUND CHECK

DISCLOSURE, AUTHORIZATION AND RELEASE

SECTION 2 (Con't): Authorization to Obtain Consumer Reports under the Fair Credit Reporting Act

NAME & ADDRESS:

First Middle Last Previous Name or Alias\*
Current Street Address City State Zip From Mo/Yr Phone Number

PREVIOUS ADDRESSES\*: (7 years, attach separate sheet if necessary)

Street Address City State Zip From Mo/Yr to Mo/Yr
Street Address City State Zip From Mo/Yr to Mo/Yr

SOCIAL SECURITY NUMBER\*: (required) DATE OF BIRTH\*: (required)

DRIVER'S LICENSE STATE & NUMBER\*: (required)

\*This information is for background purposes only.

APPLICANT SIGNATURE: (required) DATE:

SECTION 3: Additional information to be completed by APPLICANT

During my ministry within the Diocese, I will be serving as a: VOLUNTEER EMPLOYEE

My position (title) in that ministry is:

Have you every been convicted of, entered a plea of guilty or no contest to any felony or misdemeanor, or do you presently have pending, any violations of law? (A conviction will not necessarily lead to a negative determination of suitability for employment or volunteer ministry.)

NO YES (If you answered 'Yes', please provide details of all offences including nature, circumstances and dates. Attach an additional sheet if necessary.):

SECTION 4: To be completed by PARISH/SCHOOL (All fields must be completed for processing)

PARISH OR SCHOOL:
ADDRESS: PHONE:
LOCAL SE COORDINATOR:
EMAIL ADDRESS:

Background Check Acct #:
Applicant will be a:
Paid Staff Member
Volunteer

Minnesota, California & Oklahoma applicants may obtain a copy of the investigative report by contacting the Catholic Diocese of Sioux Falls. It will be mailed to you as required by state law.

**Background questionnaire concerning sexual abuse**

**Acknowledgement of receipt and understanding of the sexual misconduct policy and code of ethical conduct**

1. Have you ever been convicted of a crime of sexual abuse, physical abuse, sexual harassment or exploitation?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Has any civil or criminal complaint, or any other written complaint, ever been made against you relating to sexual abuse, physical abuse, sexual harassment or exploitation?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of civil or criminal complaints of sexual abuse, physical abuse, sexual harassment, or exploitation against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you ever received any medical or psychological treatment, including counseling, involving your sexual abuse, physical abuse, sexual harassment, or sexual exploitation of other persons?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Did you enter into an agreement with any past employer not to divulge the true reason for termination of employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

In addition to this self report, unless you are a minor, a background check will be conducted unless you can provide a copy of results of an acceptable completed background check.

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I hereby acknowledge that I have received a copy of the Sexual Misconduct Policy of the Diocese of Sioux Falls and the Code of Ethical Conduct and that I have read both, understand their meaning, and agree to conduct myself in accordance with the Policy and the Code. I have personally read and completed the above background questionnaire.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Parent's Signature (if under 18) \_\_\_\_\_