BACKGROUND SCREENING RELEASE FORM
FOR EMPLOYEES AND VOLUNTEERS

Confidentiality Notice: All information on this form is held in the strictest of confidence. The purpose of this information is to insure the accuracy of information pertaining to the applicant.

PLEASE PRINT THE BELOW INFORMATION

Name: _____ _____ _____
Last First Middle

Address: _____ _____
Street County

Mailing Address (if different from above): _____

_____ _____ _____
City State Zip

Home Phone: (_____) _____ Work Phone: (_____) _____

Social Security Number ☐☐☐-☐☐-☐☐☐☐ Date of Birth ☐☐-☐☐-☐☐☐☐
Month Day Year

Driver's License Number: _____ State: _____

Previous Address (if different from above): _____

_____ _____ _____
City State Zip

(Please check what applies) If you are currently employed by any Catholic Organization of the Diocese of Wheeling - Charleston you will need to check the employee box.

☐ Employee Where: _____

☐ Volunteer Where: _____

Authorization to release criminal history information reports, private companies' dishonesty, drug offense or violence reports, or motor vehicle reports.

I hereby authorize the Diocese of Wheeling-Charleston to make inquiries to Screening One, a consumer reporting agency, concerning my suitability and qualification; including any public record of any arrest or convictions for crimes of violence or dishonesty; any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to Screening One.

I further authorize any governmental agency where such arrest or conviction information is on file, and Screening One, to disseminate such report(s) to the Diocese of Wheeling-Charleston. During any period(s) while I may be employed by and/or volunteer, I hereby authorize the Diocese of Wheeling-Charleston to make further like inquires to Screening One as the Diocese of Wheeling-Charleston may, from time to time, deem necessary. I also hereby authorize Screening One to issue such reports in response to the Diocese of Wheeling-Charleston's inquiry. I waive any future notice with respect to the Diocese of Wheeling-Charleston's inquiries or with respect to such governmental agencies, Screening One's, dissemination of any such report(s) to the Diocese of Wheeling-Charleston, and hereby generally release and fully discharge the Diocese of Wheeling-Charleston and Screening One from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes.

I understand and agree that my involvement with the Diocese of Wheeling-Charleston: its Parishes, School, Diocesan Institutions and Diocesan Services, may be determined, in whole or in part, based on the report(s) so issued to the Diocese of Wheeling-Charleston by Screening One. I have been informed and I understand that I may request a copy of such report and that I may dispute the accuracy or completeness of the information reported to the Diocese of Wheeling-Charleston by writing or calling the employer of Screening One and requesting a copy of the report.

(X) _____ _____
Signature Date

CONFIDENTIAL