

BACKGROUND CHECK AUTHORIZATION FORM

NOTIFICATION TO APPLICANT:

This is to inform you that an investigative report is being obtained from a background investigation agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer, or independent contractor.

This report may contain information bearing on your character, general reputation and personal characteristics from public or private record sources. *Please keep in mind that our background check is limited to State and National Criminal Files, Social Security Number Verification and National Sex Offender Registry.* All authorization forms will be kept in a secured location within the Central Service Offices of the Archdiocese of Hartford.

AUTHORIZATION BY APPLICANT:

To Whom It May Concern:

I understand that an investigative report as described above may be obtained. All Law enforcement agencies, State Police and courts are authorized to release to Mind Your Business, Inc. for the benefit of the Archdiocese of Hartford, and its related entities that I serve, all written information about me.

I give permission for a criminal background check to be conducted on me by Mind Your Business, Inc. for the benefit of the Archdiocese of Hartford, and its related entities that I serve, and hereby release all individuals, companies, corporations, and agencies, *public or private*, connected therewith from any and all liability associated with the proper dissemination of such information.

A copy of this form is available upon request.

Print Full Legal Nam	ne:			
(No Nicknames)	First		Middle	Last
Current Address:				
	Street	Town/City	State	Zip Code
For identification pu	ırposes only:			
		Birth Date	Sex (m or f)	Social Security
If name changed (th	rough marriage or	otherwise) print form	er name:	
Signature:		***	Date:	
Please indicate:	Priest	Place of Ministry:		
	Deacon		Parish Name	Town
	Employee	and/or		
	Volunteer			
	Contractor		School Name	Town