

BACKGROUND CHECK AUTHORIZATION FORM

EMPLOYEE

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

I, the undersigned, do hereby authorize Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a report and/or investigative report on me. The above mentioned report may include the items listed below. **The employee should circle the appropriate items based on their circumstances. UPON COMPLETION RETURN THIS FORM TO THE OFFICE THAT GAVE IT TO YOU.**

For All Positions

Criminal Conviction Check Social Security Number Trace Education Verification, if degree required

For Positions with Financial Responsibility Add:

Credit History

For Positions with Driving Responsibilities Add:

Motor Vehicle Report

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Diocese of Bridgeport, and Catholic Mutual Group, Inc., MYB and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf for procuring, providing and/or assisting with the compilation or preparation of the report and/or investigative report hereby authorized.

PRINTED NAME:

First

Middle

Last

SIGNATURE: _____ DATE: _____

COMPLETE RESIDENCE ADDRESS:

_____		_____	
	Street Number/P.O. Box	Street Name	
_____	_____	_____	_____
City	State	Zip Code	County

SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE _____

DATE OF BIRTH: _____ GENDER*: _____

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

_____	_____	_____	_____	_____	_____
Street Number/P.O. Box	Street Name	City	State	Zip Code	County

_____	_____	_____	_____	_____	_____
Street Number/P.O. Box	Street Name	City	State	Zip Code	County

_____	_____	_____	_____	_____	_____
Street Number/P.O. Box	Street Name	City	State	Zip Code	County