



# Employee Background Check Request

This section to be completed by the Location Representative (LR). Location Code: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Requested by: \_\_\_\_\_ Name \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Parish/School \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Position applied for: \_\_\_\_\_

- Teacher       works with minors 4x/yr or more.
- Clergy       does not work with minors 4x/yr or more.

I verify that the information provided below by the applicant matches state-issued ID. \_\_\_\_\_ Authorized LR Signature

Please conduct a background check on the following individual who is being considered for employment. I understand that my location will be responsible for any charges incurred completing this check.

\_\_\_\_\_  
Pastor's or Principal's Signature

This section to be completed by the job applicant. (Print legibly and in Mack ink.)

Applicant Name: \_\_\_\_\_  
First Name Middle Name Last Name

Applicant Address: \_\_\_\_\_  
city: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_

Other names used and dates of name change (include maiden name). Email: \_\_\_\_\_

\_\_\_\_\_ Date(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

\_\_\_\_\_ Date(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  Male  Female

If you have lived in a state other than Oregon in the past 10 years, please list the following information including the years in which you lived there. Please continue on the reverse side of this form if more room is needed.

State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No

If yes, state offense, place, and date of conviction: \_\_\_\_\_

Have you ever been charged with a criminal offense involving children?  Yes  No

If yes, give details: \_\_\_\_\_

*All* employment offers are contingent on the satisfactory results of the applicants' background investigations.

My signature below certifies that all information I have provided in connection with this background check is true, accurate, and complete to the best of my knowledge and that I have read, understand, and consent to the attached authorization.

Applicant's Signature

Date

# Authorization

I understand that, in connection with my employment application, a background check may be done that may include information regarding my driving record, court records (both civil and criminal), educational and professional credentials, and personal and professional references. This information may come from either public or private sources, and may contain information regarding my character, work habits, and/or reasons for termination from past employers.

I understand that, if I am employed by the Archdiocese of Portland in Oregon, this background check authorization will be kept on file and may be used at any time during my employment to procure further information when, in the judgment of my employer, such may be necessary.

I hereby release and discharge to the extent permitted by law, the Archdiocese of Portland in Oregon (including its churches, schools, and other entities), its employees, any individual or agency obtaining information for the Archdiocese of Portland in Oregon, my personal or professional references, and my former employers, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation.

According to the Fair Credit Reporting Act, I am entitled to know if an adverse employment decision is made based on information obtained from a consumer report or investigative report and to receive, upon written request (made within 60 days of the date of decision), a disclosure of the nature and scope of any investigative report.

I have read, understand, and consent to the above. I further authorize that a photographic copy or telephonic facsimile of this document shall be valid for all purposes present and future.

---

Applicant's Signature

Date