

NOTIFICATION AND RELEASE – Employees/Volunteers

Roman Catholic Diocese of Charlotte

For Employer Use Only: Please mark (x) the searches to be conducted.

Standard Screening Package (National Criminal File Search, State Sexual Offender Search, Social Security Number Check)
 Additional Check as Relevant to Position (Please specify) _____

Employee _____ Volunteer _____ (Check one)

Position Applied for _____

Requesting Parish, Agency, Department or School _____

Signature of Requesting Official _____ Date _____

Mail completed form to: Diocese of Charlotte Human Resources Department, 1123 S. Church Street, Charlotte, NC 28203, or Fax to: 704-370-3223

Authorization – During the application process and at any time during the tenure of my employee/volunteer status with the Diocese of Charlotte, I hereby authorize Rapsheets, on behalf of the Diocese, to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Background Verification Disclosure – This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employee/volunteer service, including retention as an employee/volunteer. This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

List all names that you have used during the last seven (7) years (including married, maiden, or aliases)

Please Print

Name (First, Middle, Last) _____ Date of Birth (Mo./Day/Yr.) ____/____/____

Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (Mo./Day/Yr.) from ____/____/____ to ____/____/____

Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Current Address

Street _____

City, State, Zip _____

Applicant Signature _____ **Date** _____
Signature Required