

Location _____

DIOCESE OF ALLENTOWN *(For office use only)*
Lay Employee / Volunteer Background Check Authorization

THIS FORM MAY BE REPRODUCED

Full Name *(Print)* _____
(first) (middle) (last)

Address *(Current)* _____

City/State/Zip _____

Where Employed /Volunteering *(Diocesan Location)* _____

City _____ Position _____

Have you had a previous background check through the Diocese of Allentown? **Yes** **No**

* * * * *

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State of License _____

Previous Address *(Within the past five years)* _____

City/State/Zip _____

Previous Address *(Within the past ten years)* _____

City/State/Zip _____

I hereby grant to the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature _____ Date _____

Any questions regarding this form or its usage should be directed to the Director of Human Resources at (610) 871-5200, Extension 204.

Completed form must be returned to the Pastor, Principal or Administrator who requested its completion.