

ARCHDIOCESE OF HARTFORD

BACKGROUND CHECK

NOTIFICATION AND AUTHORIZATION

This is used 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 Crime Files, Social Security Number Verification and National Sex Offender Registry. All authorization forms will be kept in the Chancery Office in a secured location.*

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 entity 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 entity 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.

I have been given a copy of this form.

Print Name _____

Signature _____

Current Address _____

City/State/Zip _____

Date of Birth (for identification purposes only) _____

Social Security Number _____ (not optional)

If name changed (through marriage or otherwise) print former name here _____

Priest _____ Deacon _____ Parish/City _____

OR

School/City _____

Employee _____ Volunteer _____ Dated: _____