

DIOCESE OF ALLENTOWN
Lay Employee / Volunteer Background Check Authorization
THIS FORM MAY BE REPRODUCED

Full Name (*Print*) _____
(please provide middle name) First Name Middle Name Last Name

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 _____ of Birth _____ Date _____

Driver's License Number _____ of License _____ State _____

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 William F. Wehbe, Human Resources Generalist at (610) 871-5200, Extension 262.

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

****Parish/School must retain this completed form for employee/volunteer files.****