

4. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? YES ___ NO ___. If yes, please give a short explanation of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

5. Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES ___ NO ___. If yes, give a short description of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.

B. VOLUNTEER HISTORY

Please list your last three volunteer activities, starting with the most recent.

C. PERSONAL REFERENCES

Please list the name, address and telephone number of three individuals who are sufficiently familiar with you to provide a character reference.

(Name) (Address) (Telephone)

(Name) (Address) (Telephone)

(Name) (Address) (Telephone)

Signature of Volunteer Applicant

Date



FOR OFFICIAL USE ONLY	
INTERVIEWED BY: _____	DATE _____
POSITION ASSIGNED: _____	
Is the position to which the volunteer has been assigned one that requires that references be contacted?	
YES _____	NO _____
If yes, have the references been contacted?	
YES _____	NO _____
_____ Signature and Title of Supervisor	

RELEASE AND AUTHORIZATION – For Employees/Volunteers Roman Catholic Diocese of Charlotte

For Employer Use Only: Employment/Volunteer Location Must Complete This Section

Employee _____ Volunteer _____
Position Applying/Volunteering 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

Employee/Volunteer Section:

Authorization – I _____ in connection with my application for employment/volunteer position with the Diocese of Charlotte, hereby authorize the Diocese of Charlotte and ScreeningOne, Inc. to perform a pre-employment background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of the Diocese of Charlotte as a sound business practice, but also for the benefit of all employees and volunteers. It is no reflection on an applicant. I have read and understand the Background Verification Disclosure at the bottom of this page.
2. All reports are confidential, and provided to Diocese of Charlotte for employment/volunteer decisions only. Consumer credit information including credit reports (**only if applicable to the position**) are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. ScreeningOne may be contacted by writing to: **ScreeningOne, Inc., 1860 N. Avenida Republica de Cuba, Tampa, FL 33605.**
4. I authorize and release people, companies, references, current and former employers, schools, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to Diocese of Charlotte or Screening One.
5. I further release all of the above, including Diocese of Charlotte and ScreeningOne, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

Please Print

Name (First, Middle, Last) _____ Date of Birth (Mo. /Day/Yr.) ____/____/____
Social Security # _____ - _____ - _____ Former Name(s) _____ Date of Name Change ____/____/____

Current Address (if less than one year at current address, please include previous address)

1. Street (no P.O. boxes please) _____
City, State, Zip _____ Dates From: _____ To: _____
2. Street (no P.O. boxes please) _____
City, State, Zip _____ Dates From: _____ To: _____

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.

Your signature _____ Date _____