

The Diocese of Camden, New Jersey
DISCLOSURE AND AUTHORIZATION FORM
Consent to a Background Check
Updated July 2022

DISCLOSURE

In connection with your employment, application for employment or as a volunteer (including contract for services), a criminal history background check, will be conducted. If you provide fingerprints, these will be submitted to law enforcement, including the New Jersey State Police and the Federal Bureau of Investigation, for the purpose of conducting a criminal history background check.

Consumer reports may be requested from a Consumer Reporting Agency, including but not limited to Selection.com®. These reports may include information concerning criminal records from federal, state and other agencies which maintain such records and possibly other records as are needed to determine and/or confirm current and previous addresses in order to perform an appropriate criminal history background check. You have the right to make a request to Selection.com®, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that Selection.com® has previously furnished within the two-year period preceding your request. Selection.com® may be contacted by mail at 155 Tri-County Parkway, Suite 150, Cincinnati, Ohio, 45246, or by phone at (800) 325-3609.

AUTHORIZATION

I AUTHORIZE, WITHOUT RESERVATION, THE CONSUMER REPORTING AGENCY, AND ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

The Consumer Reporting Agency is authorized to disclose relevant information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, volunteering, or any other lawful purpose. I authorize the requesting entity to share relevant information obtained with the location(s) at which I seek to work or volunteer.

By signing below, I certify that I have read and fully understand this authorization, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this authorization voluntarily and with the knowledge that the information being provided could affect my being hired, my employment, or my eligibility to volunteer.

PRINT NAME CLEARLY:

First Name _____ Middle Name _____ Last Name _____

SIGNATURE: _____ TODAY'S DATE: ____/____/____

SOCIAL SECURITY NO. _____ DATE OF BIRTH: ____/____/____

CURRENT ADDRESS: _____ CITY: _____ ST: ____ ZIP: _____

PHONE NO. (____) _____ EMAIL: _____

PREVIOUS ADDRESS: _____ CITY: _____ ST: ____ ZIP: _____

(If fewer than 5 years at current address)

Company Name: **The Diocese of Camden, New Jersey**

Location Name: Resurrection Regional Catholic School, Cherry Hill

Location Number: CAM304

The person signing this form is either a **Volunteer** or an **Employee** (Please circle one)

Location Safe Environment Coordinator: Gerry Janansky

Safe Environment Coordinator Phone: 856-667-3034