

# INFORMATION REQUIRED FOR CRIMINAL BACKGROUND CHECK

Please type or legibly print one form per individual and mail to:

Safe Environment Program Coordinator  
Diocese of La Crosse  
3710 East Avenue South, PO Box 4004  
La Crosse, WI 54602-4004  
Fax: 608-791-0165

Printed Legal Name: \_\_\_\_\_  
Last First Middle

Signature (**required**): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ States of Former Residency: \_\_\_\_\_

Gender: M / F Race: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Other Names Used: \_\_\_\_\_  
(Maiden, alias, nickname, etc.)

Please specify if this is an initial background check \_\_\_\_\_ or a renewal \_\_\_\_\_.

Is this position paid \_\_\_\_\_ or volunteer \_\_\_\_\_? Will this individual be responsible for transporting children? Yes \_\_\_\_ No X .

Position (check one from either school or parish – if “Other” is selected, a description **must** be provided):

<u>CATHOLIC SCHOOLS</u>	<u>PARISHES</u>
<input type="checkbox"/> Administrator	<input type="checkbox"/> DRE/CRE
<input type="checkbox"/> Teacher	<input type="checkbox"/> Catechist
<input type="checkbox"/> Teacher Aid	<input type="checkbox"/> Support Staff
<input type="checkbox"/> Sub Teacher	<input type="checkbox"/> Clergy
<input type="checkbox"/> Day Care	<input type="checkbox"/> Other [ _____ ]
<input type="checkbox"/> Coach	Description of Position/Duties
<input type="checkbox"/> Support Staff	
<input type="checkbox"/> Other [ _____ ]	
Description of Position/Duties	

**Your signature above indicates the following:**

- You authorize, without reservation, the Employer\* to obtain from a third party a background check report, also referred to as a consumer report, which may include, among others, criminal records, Social Security traces, governmental records, driving history reports, etc., and that any such information may be used for consideration in connection with your application for a(n) volunteer/employment position;
- You authorize ongoing procurement of any records or information, reports and records at any time during your relationship with Employer to the extent allowed by law;
- You authorize the use of a fax, e-mail, or photocopy of this authorization as having the same authority as the original;
- You have read and fully understand this authorization.
- You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- You certify you have received, reviewed and understand the “Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)” which is published by the Federal Trade Commission to help you know your rights, which may be found at: [www.dioc.org/safe-environment/library/](http://www.dioc.org/safe-environment/library/)

Columbus Catholic Schools  
Parish/School  
David Eaton - President  
Parish/School Contact Person

Columbus Catholic Schools - Marshfield  
City/Unified System  
715-387-1177  
Contact Phone Number

\*Employer used in this form shall mean, as applicable, the Diocese of La Crosse, Parish, or School, or their agents, to which the applicant seeks a volunteer or employment position.  
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