

**FOR INTERNAL PARISH USE ONLY**

A Background Check on the following individual is being requested by:

PARISH #: \_\_\_\_\_ PARISH NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PARISH CITY: \_\_\_\_\_

Will this employee be driving as part of their job duties? YES \_\_\_\_\_ NO \_\_\_\_\_

SETA Net Participant ID# (if available): \_\_\_\_\_

**Catholic Archdiocese of Seattle  
EMPLOYEE  
Background Check Request**

NAME: \_\_\_\_\_  
*Last Name First Name Middle Name*

POSITION APPLIED FOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: (please circle) Male or Female

SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

STATE ISSUED: \_\_\_\_\_

Names and dates of name changes:	
<i>Name</i>	<i>Date</i>
<i>Name</i>	<i>Date</i>

If you have lived in a state other than Washington in the past 10 years, please list the following information including the years in which you lived there. Please continue on the reverse side of this form if more room is needed.

STATE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ YEARS: \_\_\_\_\_ to \_\_\_\_\_

STATE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ YEARS: \_\_\_\_\_ to \_\_\_\_\_

STATE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ YEARS: \_\_\_\_\_ to \_\_\_\_\_

Have you been convicted of a criminal offense or incarcerated in the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state offense, place and date of conviction:

Have you ever been charged or accused of any criminal or civil offense involving children or vulnerable adults? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details:

Return this form to your parish/school office for processing.

## EMPLOYEE BACKGROUND CHECK AUTHORIZATION

I understand that a background check may be done that may include information regarding my driving records, court records (both civil and criminal), educational and professional credentials, and personal and professional references. This information may come from either public or private sources and may contain information regarding my character, experience, work habits, and/or reasons for termination from past employers. Background checks are consistent with Church teaching which promotes the dignity and sanctity of human life and therefore compels us to protect the vulnerable from harm.

I understand that, as an employee of the Archdiocese of Seattle, this background check authorization will be kept on file and may be used at any time during my employment to procure further information when, in the judgment of my employer, such may be necessary.

I hereby release and discharge the Archdiocese of Seattle (including its churches, schools, and other entities), its employees, any individual or agency obtaining information for the Archdiocese of Seattle, my personal and professional references, and my former employers to the full extent permitted by law, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

According to the Fair Credit Reporting Act, I am entitled to know if an adverse employment decision is made based on information obtained from a consumer report or investigative report and to receive, upon written request (made within 60 days of the date of decision), a disclosure of the nature and scope of any investigative report.

I have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. My signature below certifies that all information I have provided in connection with this background investigation is true, accurate and complete to the best of my knowledge.

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*Name (Please print)*

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*Signature*

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*Position*

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*Date*