

BACKGROUND CHECK AUTHORIZATION For Independent Contractors

I understand that, in order to work with minors or vulnerable adults in the Archdiocese of Seattle, a background check may be done that may include information regarding my driving records and 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 that promotes the dignity and sanctity of human life and supports the common good, and therefore compels us to protect the vulnerable from harm.

I understand that, as a contractor in the Archdiocese of Seattle, this background check authorization will be kept on file and may be used at any time to procure further information when, in the judgment of the Archbishop, such may be necessary. This background check will be used solely for the stated purpose and will not be released to third parties without prior written consent.

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, and my personal and professional references, 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 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.

Name (Please print)

Signature

Date