

**BACKGROUND SCREENING RELEASE FORM  
FOR EMPLOYEES AND VOLUNTEERS**

**Confidentiality Notice:** All information on this form is held in the strictest of confidence. The purpose of this information is to insure the accuracy of information pertaining to the applicant.

**PLEASE PRINT THE BELOW INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street County

Mailing Address (if different from above): \_\_\_\_\_  
City State Zip

Home Phone: \_( ) Work Phone: \_( )

Social Security Number    -   -        
Date of Birth   -   -       
Month Day Year

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Previous Address (if different from above): \_\_\_\_\_  
City State Zip

**(Please check what applies)** If you are currently employed by any Catholic Organization of the Diocese of Wheeling - Charleston you will need to check the employee box.

Employee Where: \_\_\_\_\_

Volunteer Where: \_\_\_\_\_

**Authorization to release criminal history information reports, private companies' dishonesty, drug offense or violence reports, or motor vehicle reports.**

I hereby authorize the Diocese of Wheeling-Charleston to make inquiries to Screening One, a consumer reporting agency, concerning my suitability and qualification; including any public record of any arrest or convictions for crimes of violence or dishonesty; any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to Screening One.

I further authorize any governmental agency where such arrest or conviction information is on file, and Screening One, to disseminate such report(s) to the Diocese of Wheeling-Charleston. During any period(s) while I may be employed by and/or volunteer, I hereby authorize the Diocese of Wheeling-Charleston to make further like inquires to Screening One as the Diocese of Wheeling-Charleston may, from time to time, deem necessary. I also hereby authorize Screening One to issue such reports in response to the Diocese of Wheeling-Charleston's inquiry. I waive any future notice with respect to the Diocese of Wheeling-Charleston's inquiries or with respect to such governmental agencies, Screening One's, dissemination of any such report(s) to the Diocese of Wheeling-Charleston, and hereby generally release and fully discharge the Diocese of Wheeling-Charleston and Screening One from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes.

I understand and agree that my involvement with the Diocese of Wheeling-Charleston: its Parishes, School, Diocesan Institutions and Diocesan Services, may be determined, in whole or in part, based on the report(s) so issued to the Diocese of Wheeling-Charleston by Screening One. I have been informed and I understand that I may request a copy of such report and that I may dispute the accuracy or completeness of the information reported to the Diocese of Wheeling-Charleston by writing or calling the employer of Screening One and requesting a copy of the report.

(X) \_\_\_\_\_  
Signature Date