

PERMISSION TO PROCURE AN INVESTIGATIVE CRIMINAL HISTORY REPORT

THE DIOCESE OF YAKIMA

Church Name or Number: ST. JOSEPH/MARQUETTE CATHOLIC SCHOOL

PLEASE TYPE OR PRINT LEGIBLY

Applicant: Last Name First Name Middle

Current Address: Street City State Zip

Driver's License # State Issued

Please list other names used and dates of name changes in the last ten years:

Date of Birth: / / SS #* / / Gender M F

* If you do not have a SS #, you MUST sign the declaration on the opposite side.

Please list past residences for the last ten years:

State: City: County: Years: to
State: City: County: Years: to
State: City: County: Years: to
State: City: County: Years: to

Have you ever been convicted of a crime? If "yes", please provide details:

INVESTIGATIVE CRIMINAL HISTORY REPORT AUTHORIZATION

In connection with my application or present employment, I understand that an investigative report may be requested that may include information regarding my court records (both civil and criminal), my driving records, educational and professional credentials and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Report Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand, and agree with the above.

Signed: Witnessed:

Date:

Check category of ministry - also check this box if position pays more than \$20,000 a year:

- Priest Deacon Seminarian School Teacher Employee Volunteer

SOCIAL SECURITY DECLARATION

I have not furnished a Social Security Number on my permission form because I do not have a Social Security Number.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature _____

Date _____