



APPENDIX B

Primary Location: _____

Location City: _____

Check boxes that apply to you:
Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>
Volunteer: Yes <input type="checkbox"/> No <input type="checkbox"/>

**Diocese of Springfield-Cape Girardeau
Background Disclosure and Authorization
For Employees and Volunteers**

In connection with my employment/volunteerism or application for employment with the Roman Catholic Diocese of Springfield-Cape Girardeau (Diocese), I understand that a background check is required and certain records may be requested by AMERICANCHECKED, Inc. and a report of the investigation prepared. This report may include information gathered from an investigation of a nationwide criminal database that includes criminal court records, probation, prison, parole and release files, multi-state sex and violent offenders report, social security number trace, wanted person security screen, a local county court and arrest check and other screening reports.

I authorize AMERICANCHECKED, Inc. to conduct such investigation and prepare such a report about me and to disclose same to the Diocese for its use in determining my suitability as an employee/volunteer. If accepted as an employee/volunteer, this authorization shall remain on file and shall serve as an ongoing authorization for the procurement of such reports as may be deemed necessary. You may view AmericanChecked’s policy at www.americanchecked.com.

This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this disclosure and authorization, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this disclosure and authorization voluntarily and with the knowledge that the information being furnished could affect my suitability as an employee/volunteer.

Today’s Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used within the last 7 years _____

Current Address _____ How long? _____

City _____ State _____ Zip _____

Print all cities and states where you have lived during the last 7 years _____

Social Security No. _____ Date of Birth _____

Driver’s License No. _____ State Issuing License _____

California, Minnesota and Oklahoma Applicants Only: I request a free copy of any consumer report ordered on me.

Notice To All Applicants

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876