



# Catholic Diocese of Biloxi

## BACKGROUND INVESTIGATION CONSENT

Both now and, if applicable, during the time of my employment or volunteer service with the Church, I hereby authorize the Diocese of Biloxi, its associated parishes, schools and other ministries (hereafter Diocese), and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualification for employment or acceptance as a volunteer. The Diocese expects to repeat background investigations every three to five years.

I release the Diocese, its related entities, their agents and/or employees and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regards to information obtained from any and all of the above-referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge. I understand that a false statement may result in loss of position or other adverse consequences.

PLEASE CLEARLY **PRINT** ALL ANSWERS

Last Name		First Name	Middle Name	
Street Address		City	State	ZIP Code
Date of Birth*	Social Security Number		Driver's License Number/State/Exp. Date	

\*Date of Birth information is required for identification purposes only, and is in no manner used as qualification for employment. The Diocese is an Equal Opportunity Employer and, to the extent required by law, does not discriminate on the basis of sex, race, age, handicap or national origin.

I am a: Teacher   Coach   Employee   Volunteer (circle all that apply) at: \_\_\_\_\_  
Name of School/Parish

**Parish**   **School**   Catholic Social Services   de l'Epee Deaf Center (circle one) \_\_\_\_\_  
City of School/Parish - **REQUIRED**

Signature of employee/volunteer \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal/Pastor/Director \_\_\_\_\_ Date \_\_\_\_\_

*Please continue on reverse.*

**OFFICE USE ONLY:** 4-DIGIT SITE CODE: \_\_\_\_\_ Data Input By: \_\_\_\_\_

TO ALL EMPLOYEES AND VOLUNTEERS

The position you occupy or are applying for is very important to the Catholic Church because you minister to young people and/or vulnerable adults. It is the moral obligation of the Diocese of Biloxi to ensure that these individuals are protected. To achieve this, a background check will be conducted. This report necessarily entails a Social Security number trace and criminal background search from state and county records, Department of Corrections, Administration of the Court, Sex Offender Registries and National and International Terrorism Watch Lists. You may request a copy of the completed report by contacting Integrated Screening Partners at 1-800-474-4420. By initialing this form, you also acknowledge your rights under the Fair Credit Reporting Act. These rights can be reviewed at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

Please note that:

NO CREDIT INFORMATION IS MADE AVAILABLE  
TO THE DIOCESE OF BILOXI.

Please initial that you have reviewed this information: \_\_\_\_\_