



Diocese of Grand Island
 Child Protection Office
 2708 Old Fair Road, Grand Island, Nebraska 68802

CRIMINAL RECORDS and BACKGROUND RELEASE AUTHORIZATION and DISCLOSURE

PLEASE TYPE OR PRINT

I, _____
FIRST NAME **MIDDLE NAME** **LAST NAME (Please Include Jr., Sr., II, III, etc.)**

Understand that DIOCESE OF GRAND ISLAND will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, verification of Social Security Number, professional and personal references, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, motor vehicle records, OFAC/Patriots Act, any sanction lists. I understand that these records may be used for the eligibility and qualification of my employment / volunteer service. I hereby authorize, without any reservation, the full release of these records and information for DIOCESE OF GRAND ISLAND and/or its designated agents or representatives to conduct the searches and investigations. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interview with former employers/landlords and other past or current associates of mine to gather information regarding my, character general reputation, personal characteristic, lifestyle and/or other items as listed in paragraph one may be obtained.

If I am hired / assigned to volunteer service, I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment / service. I also certify that all information provided below or on my resume and employment / volunteer application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment / volunteer application will be considered just cause for the termination of employment / service at any time. Upon request, Essential Screens will supply a copy of my reports and my rights under the FCRA. Requests may be directed to:

Essential Screens, 3415 W. State St., Suite B, Grand Island, Nebraska, 68803 or by contacting us at our **Toll Free: (888)494-9188.**

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX(Jr., Sr., II, III)
SOCIAL SECURITY NUMBER	DATE OF BIRTH ex.09/10/1981	PLEASE CIRCLE ONE	RACE
		MALE OR FEMALE	

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY AND STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Complete if applying for a position that may involve driving a motor vehicle. Use the back of this form if more space is needed.

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE	VEHICLE MAKE / MODEL / YEAR
INSURANCE COMPANY	LIABILITY LIMITS	AGENT	MOVING VIOLATIONS / ACCIDENTS

APPLICANT SIGNATURE: _____ **DATE:** _____

 PARISH / SCHOOL / PROGRAM

Check all that apply:

- Volunteer Employee Catholic School Teacher State Certified/Licensed

Submit original to Child Protection Office

Updated 6/11/15



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**CRIMINAL RECORDS and BACKGROUND RELEASE
 AUTHORIZATION and DISCLOSURE**

Background Questionnaire

1. Have you ever been convicted of a crime of sexual abuse, sexual harassment or exploitation?
 Yes _____ No _____
2. Has any civil or criminal complaint, or any other written complaint, ever been made against you relating to sexual abuse, sexual harassment, or exploitation?
 Yes _____ No _____
3. Have you ever terminated your employment or had your employment terminated for reasons related to allegations of civil or criminal complaints of sexual abuse, sexual harassment, or exploitation against you?
 Yes _____ No _____
4. Have you ever been directed to receive any medical or psychological treatment, including counseling, involving your sexual abuse, sexual harassment, or sexual exploitation of other persons?
 Yes _____ No _____
5. Did you enter into an agreement with any past employer not to divulge the true reason for termination of employment?
 Yes _____ No _____

If you answered yes to any of the above five questions, you will be asked to execute an authorization for information. If you have additional questions, contact the Child Protection Office, P.O. Box 1531 Grand Island, Nebraska 68802 or (308)382-6565.

Acknowledgement of Receipt

I hereby acknowledge that I have received a copy of the **Child Protection Policy** and / or **Volunteer Policy Summary, Code of Conduct, and Background Verification Disclosure** of the Diocese of Grand Island, Nebraska; and that I have read them and understand their meaning. I agree to conduct myself in accordance to the Policy and Code of Conduct. I have personally read and completed the above background questionnaire.

 Printed Name

 Address

 City State Zip

 Parish / School / Diocesan Office

 Signature Date