

Holy Spirit Catholic Church

Background Check Authorization / Consent

During the application process and at any time during the tenure of my employment/service with an institution of The Diocese of Winona, I hereby authorize Choice-Point Service Inc., on behalf of The Diocese of Winona to procure a criminal background check, which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts and legal record repositories or other sources required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant

Maiden Name

Address

City, State, Zip

_____-_____-_____
Social Security Number Please print clearly

____/____/_____
Date of Birth *

Signature

____/____/_____
Date

* For identification purposes only

Minnesota Residents please note: Under Minnesota law, you have a right to receive a free copy of this report by checking the appropriate box below.

Yes, I am a Minnesota resident and would like a free copy of my criminal background check.

Ministry/Activity

Office Use Only ____/____/_____ Recorded
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