PAID STAFF Background Check Authorization
$8.00 each

_____
Name of Parish/School or Organization

_____

_____
Parish/School Address

Account No. **T20 251 2340** **Date:**_____

This is a Non-Profit Organization pursuant to 501(c)(3) of the Internal Revenue Code. The following named individual has made application for **employment** with this organization.

PLEASE COMPLETE THE FOLLOWING AND **PRINT CLEARLY**

LAST Name_____

FIRST Name_____

FULL MIDDLE Name_____

Maiden, Alias or Former_____

Date of Birth _____/_____/_____ **Gender** Male or Female
Month / Day / Year

I authorize the **State of Minnesota-Bureau of Criminal Apprehension** to disclose all criminal history record information to The Diocese of St. Cloud pursuant to Minnesota State Statute 123B.03, Subdivision 1, for the purpose of employment or otherwise working within this organization.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature. PLEASE SIGN AND DATE THIS FORM.

_____ _____
Signature of Applicant **Date**

Revised July 2017