

**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

**Please list all additional states that you have resided in during the past 7 years:**

\_\_\_\_\_  
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**