



APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

**Catholic Social Services
EMPLOYMENT/VOLUNTEER**

I hereby authorize **Catholic Social Services** and its designated agents and representatives to conduct a search of my background causing an investigative report to be generated for employment purposes relating to employment/volunteering with **Catholic Social Services**. I understand that the scope of the investigative report may include the following areas:

- verification of social security number;
- criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions;
- state Sex Offender records

I further understand that if this employment/volunteer position involves finances, that a pre-employment credit check may also be requested.

I further authorize public agencies to divulge pertinent information about me to **Catholic Social Services** or its agents with regard to the areas listed above.

I hereby release Catholic Social Services, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me because of compliance with this authorization and request to release. You may contact me as indicated below.

(PLEASE PRINT CAREFULLY AND LEGIBLY)

Applicant Signature _____

Applicant Full Name (Printed) _____

Date _____

Maiden or Other Name _____

Date of Birth _____ **Social Security #** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Please list all other cities and states in which you have resided in the past 7 years:

City, State _____ **City, State** _____

City, State _____ **City, State** _____

City, State _____ **City, State** _____

Program / Department working for / volunteering with _____

Employee ____ **Intern** ____ **Volunteer** ____ **Contractor** ____ **Program** _____