

DIOCESE OF TUCSON
111 South Church Avenue
Post Office Box 31
Tucson, Arizona 85702-0031

PERMISSION TO OBTAIN INFORMATION

This document authorizes the Diocese of Tucson to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment, or seeking to provide services as a volunteer or as an independent contractor.

I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the extent that the information given is true and accurate.

- a. Criminal conviction records in any jurisdiction;
- b. Social Security verification;
- c. Educational and Professional Certification records in any jurisdiction;
- d. Work performance, attendance, and job related information;

I agree to assist in this effort by calling prior employers, as necessary, and asking for full disclosure of my employment history.

I further understand that information obtained may be used by this employer *without liability*, to determine eligibility for initial or continued employment or assignment as a volunteer, to grant or deny me permission to enter onto Diocese of Tucson property, or that of its affiliated parishes or organizations.

I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.

I acknowledge that I have read and understand this information, and the rules governing its collection and use, are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform Act of 1996, and that **any adverse action based on this information will be communicated to me in accordance with the Act.**

I acknowledge that I have read and understand this form and have had an opportunity to ask any question about it.

Please print:

First Name M.I. Last Name

Social Security Number

Signature:

APPLICANT

DATE

PARISH

CITY