

**DIOCESE OF CHARLESTON
BACKGROUND SCREENING
BASIC DATA FORM**

Forms must be completed in their entirety to be processed.

For OCPS use: Tracking #: _____

Name Parish/School/Office: _____
Location: _____
Submitted by: _____

Date: _____

Name: _____
First Middle Maiden Name Last

(Race)

(Gender M/F)

DOB: _____

Social Security Number: _____ Check if you do not have a SS Number: _____

Tax ID or Work ID Number: _____

Permanent Street Address: _____
Street City State Zip Code

Mailing Address if different from above: _____
P.O. Box City State Zip Code

Home Phone: _____ Cell Phone _____

email : _____

I am employed _____ or volunteering _____ with a diocesan school/parish/office? What is the title of the position? _____ What are the job responsibilities of the position, (please be specific in your details)? _____

Number of years/months you have lived in South Carolina: Years: _____ Months: _____ Please provide any previous addresses in which you have resided for the past five (5) years: _____

Please note: A Criminal Background Check and a Sex Offender Registry Check is mandatory and will be performed on every individual submitting these forms.

A Driver's History Report or a check of your Credit History will be processed only if driving or handling money is part of your duties. If so, you must complete the appropriate form.

Form #: 2011-01

Revised: 11.09.16

Revised: 05.01.21

Revised: 03.28.22

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Reference Services, Inc. expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

*Credit history should be deleted if the employer is not asking credit to be checked and must be deleted in NYC, NV, and DC if the employer is not procuring credit checks.

CONSUMER REPORT DISCLOSURE

EMPLOYER (the "Company") may obtain information about you from a third-party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your **credit history***, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

These searches will be conducted by **Reference Services, Inc., 101 Plaza East Blvd., Suite 300, Evansville, Indiana 47715; Tel. # 812.474.9000; www.referenceservices.com.**

Signature: _____

Date: _____

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ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge that I have received multiple stand-alone documents provided to me, including the CONSUMER REPORT DISCLOSURE, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and OTHER APPLICABLE NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of consumer reports by [Employer] at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Reference Services, Inc., 101 Plaza East Blvd., Suite 300, Evansville, Indiana 47715; Tel. # 812.474.9000; www.referenceservices.com and/or [Employer]**. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security #* _____ Date of Birth* _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

Email Address _____

Former Employer _____ Position _____ Dates of Employment _____

Permission to contact current employer for employment and reference verifications: Yes No

*This information (SSN and DOB) will be used for background screening purposes only and will not be used as hiring criteria.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Diocese of Charleston may obtain information about you from a third party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

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