

## Episcopal Diocese of Chicago Background Check Request Form

## Social Security Number Verification, Criminal Records Search, and National Sex Offender Registry Search

Full Name:					
Last Address:	F	irst			М.І.
Street Address					Apartment/Unit #
City				State	ZIP Code
Home Phone:( ) Alte	ernate Phone:	_(	)		
E-mail Address:					
Social Security Number or Government ID:					
Birth Date: Congregation/Agency yo	ou will work for:				
County where you reside:					
DMV Ro	ecords				
Will your ministry require you to drive with passengers for church o	or agency events	s?	Ye	s	No
Г					
If yes, please provide your driver's license state <i>and</i> number:					
Credit	Check				
Please answer the following to determine whether a credit check	is required for y	your a	pplic	ation.	
Does the position you're applying forentail unsupervised access to more than \$2,500?			Ye	,	No
entail ansapervised access to more than \$2,500:			10	3 <u> </u>	140
allow you signatory power over assets of more than \$100?			Ye	s	No
allow you access to personal, financial or otherwise confidential in	nformation?		Ye	,	No No
If you answered "yes" to any of the three questions directly above, o		ill be			
to complete your application. Contact Anna Stefaniak with any ques	stions (312) 751	-4202	or a	stefaniak(	@episcopalchicago.org
Screenin	ng Level				
Please list the reason you are submitting to background investigation. Nursery Worker, Lay Employee, Signatory, Nominated for Holy Ord					
					rali :
If you have been nominated for Holy Orders or are clergy applying fan "x" in this box:	for a position or	licen	sure	in the Dio	cese of Chicago, please place
				_	

If you marked an "x" in the box above, you will receive paperwork in the mail from Oxford Document Management Company for a 10 year reference check. Please complete the forms and return to Oxford Document at your earliest convenience to expedite the screening process.

## **Background Check Authorization**

The information contained in this form is correct to the best of my knowledge. I hereby authorize **The Episcopal Diocese of Chicago** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **The Episcopal Diocese of Chicago** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release <b>The Episcopal Diocese of Chicago</b> , the Social Security Administration, and its agents, officials, representative, 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, my heirs, family, or associates because of compliance with this authorization and request to release.						
I have read the above statement of authorization	Date of consent					
By typing my initials in this box I indicate that I understand and consent to the above authorization						

Thank you for complying with the diocese's background check policy. You may submit this authorization form via email to astefaniak@episcopalchicago.org