THE ARCHDIOCESE OF SAN ANTONIO



Human Resources Office 2718 W. Woodlawn Avenue San Antonio, Texas 78228-5195 Phone 210-734-2620 Fax 210-734-1919

CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

N	Middle	I	Last	
Street	City	S	 State	Zip
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	Other p	hone #:		
	State:	Date of bir	rth:	
y:				
Title with Par	rish, School or Age	ncy:		
NLY:	ds _			
	Street You have lived it y: O Title with Par O and checks need NLY:	Street City Tou have lived in the past 10 years Other p State: y: Title with Parish, School or Agenta Amount of Check: NLY:	Street City S ou have lived in the past 10 years: Other phone #: State: Date of bings: Title with Parish, School or Agency: Amount of Check: NLY:	Street City State ou have lived in the past 10 years: Other phone #:State:Date of birth: y: Title with Parish, School or Agency: On and checks need to be made payable to the Archdiocese of San An Amount of Check: NLY:

You must answer the following:
Have you <u>ever</u> been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for <u>any</u> violation of the law? (You do not need to disclose minor traffic violations.)YESNO
If you answered "YES", please attach a separate piece of paper giving full details of the event. Please read the following paragraph carefully and sign below to indicate that you understand this document:
I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Service and my driving record.
I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.
I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.
I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.
The statements made by me on this form are true, correct, accurate and complete and are made in good faith.
I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.
Signature: Date: