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7 Year Recheck (if marked)

PARISH or SCHOOL NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ BILLING CODE: \_\_\_\_\_



Background Checks & EEO Investigation Services

**DISCLOSURE**

As part of the process of determining your eligibility for employment/volunteering and, in the event you are hired/accepted to volunteer, your continued employment/volunteering with ***Diocese of Bismarck, Diocese of Bismarck*** may conduct an investigation of your background by obtaining a consumer report or investigative consumer report relating to you from a consumer reporting agency of its choice. The report may contain information bearing on your background history including criminal history.

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. I acknowledge receipt of a copy of my rights under the Fair Credit Reporting Act. If ***Diocese of Bismarck*** intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with an additional copy of the report and a description of your rights under the Fair Credit Reporting Act.

To assist ***Diocese of Bismarck*** in obtaining a consumer report, the following information is provided:

**If you have worked or volunteered for the Diocese of Bismarck, including any diocesan parishes or schools during the past 7 years, do not fill out this form again, unless you need to complete a 7 year recheck.**

**Parish/School personnel: to verify applicant background check status or other questions, call 701.204.7213**

**MA, MN, OK, NY, ME, WA, NJ, and CA applicants only: If you want a free copy of the report(s) ordered, check this box ☐.**

Full Name (Printed) \_\_\_\_\_  
First Middle Last Maiden/Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete Residence Address \_\_\_\_\_  
Street Number/ PO Box Street Name

City State Zip Code County

Date of Birth\* \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_  
(\*You may elect to call MYB directly at (888) 758-3776 with this information)

Daytime Telephone Number \_\_\_\_\_

**Please list all additional residences that you have resided in during the past 7 years:**

Street Number/ PO Box Street Name City State Zip County

Street Number/ PO Box Street Name City State Zip County

**Complete PAGE 2**

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PARISH or SCHOOL NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ BILLING CODE: \_\_\_\_\_



**AUTHORIZATION**

I hereby authorize ***Diocese of Bismarck*** to make an independent investigation of my background by obtaining a consumer report relating to me from ***Mind Your Business, Inc. ("MYB")*** I understand and agree that the information contained in any consumer report will be used to determine eligibility for employment/volunteering and, if I am hired/accepted to volunteer, my eligibility for continued employment, and that action may be taken by ***Diocese of Bismarck*** based on this information.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to ***Diocese of Bismarck***, by and through ***MYB***, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, ***including alcohol and controlled substance information from previous employers.***

Full Name (Print) \_\_\_\_\_  
First Middle Last Maiden/Other  
Signature \_\_\_\_\_ Date \_\_\_\_\_