

The Diocese of Crookston  
P.O. Box 610, Crookston, MN 56716  
**Employment Background Check**

\_\_\_\_\_  
Name of Previous/Other Current Employer

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

Re: \_\_\_\_\_  
Name of Person Applying for Employment

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**Note to Employee:** if you have been unemployed or self-employed for more than three years, this employment check does not need to be done. Write "N/A" in the blank labeled "Name and address of previous/other current employer" and sign the bottom of the form.

Dear Employer:

Your former/current employee, \_\_\_\_\_, has applied to be employed by us. We have developed procedures which require that we request a background check with you as a previous/current employer to determine whether your former/current employee was ever the subject of any allegation, report or investigation concerning the occurrence of misconduct including sexual abuse, physical abuse, sexual exploitation or sexual harassment. This would include occurrences of sexual misconduct involving a child or children, involving persons who sought counseling or therapy, involving persons who were vulnerable because of impairment of mental or physical function or emotional status, or involving other past or present employees.

Set forth below is an Authorization for Release of Information from your former/current employee. Enclosed is a **Response by Employer Form**; please take a minute to complete this form and return it to us. An addressed, stamped envelope is provided for your response. Your cooperation is appreciated.

Thank you.

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I, \_\_\_\_\_, hereby authorize the above-named employer to release information for the purpose of evaluation of my application for employment. I agree not to hold my former/current employer liable for release of any information in connection herewith.

Dated: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Applying for Employment

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