Archdiocese of Hartford
Office of Safe Environment
467 Bloomfield Ave
Bloomfield, CT 06002

BACKGROUND CHECK AUTHORIZATION FORM

NOTIFICATION TO APPLICANT:

This is to inform you that an investigative report is being obtained from a background investigation agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee or volunteer.

This report may contain information bearing on your character, general reputation and personal characteristics from public or private record sources. ***Please keep in mind that our background check is limited to State and National Criminal Files, Social Security Number Verification and National Sex Offender Registry.*** All authorization forms will be kept in a secured location within the Central Service Offices of the Archdiocese of Hartford.

AUTHORIZATION BY APPLICANT:

To Whom It May Concern:

I understand that an investigative report as described above may be obtained. All Law enforcement agencies, State Police and courts are authorized to release to Mind Your Business, Inc. for the benefit of the Archdiocese of Hartford, and its related entities that I serve, all written information about me.

I give permission for a criminal background check to be conducted on me by Mind Your Business, Inc. for the benefit of the Archdiocese of Hartford, and its related entities that I serve, and hereby release all individuals, companies, corporations, and agencies, *public or private*, connected therewith from any and all liability associated with the proper dissemination of such information.

A copy of this form is available upon request.

Print Full Legal Name: _____
(No Nicknames) First Middle Last

Current Address: _____
Street Town/City State Zip Code

For identification purposes only: _____
Birth Date Sex (m or f) Social Security

If name changed (through marriage or otherwise) print former name: _____

Signature: _____ Date: _____

Please indicate: _____Priest
_____Deacon
_____Employee
_____Volunteer
_____Contractor

Place of Ministry: _____
Parish Name Town

and/or

_____
School Name Town