DIOCESE OF SHREVEPORT

EMPLOYMENT SCREENING RELEASE FORM

APPLICANT Please Print	**NAME:** *Last* *First* *Middle*
	OTHER NAME(S) USED:
	PRESENT ADDRESS:
	CITY: **STATE:** **ZIP:** **PHONE:** ( )
	PREVIOUS ADDRESS:
	CITY: **STATE:** **ZIP:** **PHONE:** ( )
	SOCIAL SECURITY #: __ __ __ - __ __ - __ __ __ __ **Date of Birth:**
	STATE & DRIVERS LICENSE # *(REQUIRED FOR MVR SEARCH)*: **STATE:**

APPLICANT Read Carefully *and*	AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE OR VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS or MOTOR VEHICLE REPORTS. For and in consideration of my being considered for employment, I hereby authorize the Diocese of Shreveport ("Employer") to make inquiries to United States Mutual Association (USMA), a consumer reporting agency, or any consumer reporting agency (CRA), concerning my employment suitability and qualification; including: (i) any public record of any arrest or convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to USMA or any other CRA, by any merchant or employer where such acts occurred; or (iii) any credit bureau reports; or (iv) department of motor vehicle reports. I further authorize any governmental agency where such arrest or conviction information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and USMA, or any other CRA to disseminate such report(s) to Employer. **During any period(s) while I may be employed by Employer, I hereby authorize Employer to make further like inquiries to USMA or any other CRA as Employer may, from time to time, deem necessary for employment purposes.** I also hereby authorize USMA or any other CRA, any such governmental agency, any such credit bureau, and such Prior Company to issue such reports in response to Employer's inquiry(ies). I waive any further notice with respect to Employer's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's, USMA's, or any other CRA's, dissemination of any such report(s). I hereby generally release and fully discharge Employer, USMA and any other CRA, every such governmental agency, any such credit bureau, and such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to Employer by USMA or any other CRA. I have been informed and I understand that I will be provided a copy of such report and that I may dispute the accuracy or completeness of the information reported to Employer by writing or calling USMA at the address or telephone number listed below or the applicable Consumer Reporting Agency.
Sign ⟶	(X) _____ _____ Signature of Applicant Date Signed

REQUIRED *Mandatory* Please Print	**EMPLOYER / COMPANY: Diocese of Shreveport** **Unit #** _ _ _
	INTERVIEWER: **PHONE:** ( ) **Ext.**
	Company's Certification: Employer hereby certifies to United States Mutual Association (USMA) that it is requesting a consumer report(s) on the applicant named above and that Employer will use the report(s) only for employment purposes.

Screening Services Requested: To be completed by requestor

7 Year Criminal Record Search	☒	Credit Report	☐
Motor Vehicle Report (MVR)	☐	Sex Offender Search	☒

Is this individual a current Employee/Volunteer? _____