Diocese of Bridgeport

BACKGROUND CHECK AUTORIZATION FORM

VENDOR / CONTRACTOR

AUTHORIZATION AND RELEASE FOR THE PROCUREMENTOF AN INVESTIGATIVE REPORT

I, the undersigned, do hereby authorize Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a report and/or investigative report on me.
The above mentioned report may include the items listed below. **The employee should circle the appropriate items based on their circumstances.** **UPON COMPLETION RETURN THIS FORM TO THE OFFICE THAT GAVE IT TO YOU.**

For All Positions

Criminal Conviction Check Social Security Number Trace Education Verification, if degree required

For Positions with Financial Responsibility Add:

Credit History

For Positions with Driving Responsibilities Add:

Motor Vehicle Report

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.
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 Bridgeport, and Catholic Mutual Group, Inc., by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.
I hereby release Diocese of Bridgeport, and Catholic Mutual Group, Inc., MYB and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf for procuring, providing and/or assisting with the compilation or preparation of the report and/or investigative report hereby authorized.

PRINTED NAME: _____
First Middle Last

SIGNATURE: _____ DATE: _____

COMPLETE RESIDENCE ADDRESS:

_____
Street Number/P.O. Box Street Name

_____
City State Zip Code County

SOCIAL SECURITY NUMBER: _____
DAYTIME TELEPHONE NUMBER: _____
DRIVER'S LICENSE NUMBER: _____ STATE _____
DATE OF BIRTH: _____ GENDER*: _____

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

_____
Street Number/P.O. Box Street Name City State Zip Code County

_____
Street Number/P.O. Box Street Name City State Zip Code County

_____
Street Number/P.O. Box Street Name City State Zip Code County

For Information contact: MYB, Inc. P.O. Box 4434, Warren, NJ 07059, (732) 302-9102
March 2004