

PERMISSION TO PROCURE AN INVESTIGATIVE CRIMINAL HISTORY REPORT

THE DIOCESE OF YAKIMA

Church or School Name: Christ the Teacher Catholic School - Yakima

PLEASE TYPE OR PRINT LEGIBLY

Applicant: _____
Last Name First Name Middle

Current Address: _____
Street City State Zip

Driver's License #: _____ State Issued: _____

Email: _____ Phone: _____

Please list other names used and dates of name changes in the last ten years:

Date of Birth: ____/____/____ SS #* ____/____/____ Gender: M F

*** If you do not have a SS #, you MUST sign the declaration on the opposite side. Failure to provide this information will result in no permission being given to work with minors or vulnerable adults.**

Please list past residences for the last ten years:

State: _____ City: _____ County: _____ Years: ____ to ____

State: _____ City: _____ County: _____ Years: ____ to ____

State: _____ City: _____ County: _____ Years: ____ to ____

State: _____ City: _____ County: _____ Years: ____ to ____

Have you ever been convicted of a crime? _____ If "yes", please provide details:

INVESTIGATIVE CRIMINAL HISTORY REPORT AUTHORIZATION

In connection with my application or present employment, I understand that an investigative report may be requested that may include information regarding my court records (both civil and criminal), my driving records, educational and professional credentials and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Report Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand, and agree with the above.

Signed: _____ Witnessed: _____

Date: _____

Check category of ministry - also check this box if position pays more than \$20,000 a year:

Priest Deacon Seminarian School Teacher Employee Volunteer

SOCIAL SECURITY DECLARATION

I have not furnished a Social Security Number on my permission form because I do not have a Social Security Number.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature _____

Date: _____