

____/____/____	Date of PATCH
____/____/____	Date of CAH Cert
____/____/____	CAH Submission

UEID _____

FP Payment Code _____

CAH Payment Code _____



Diocese of Allentown
Background Check Authorization Form
 for Lay Employees & Volunteers

Personal Information – Please Print THIS FORM MAY BE REPRODUCED

Full Name: _____ Male
Last Name First Name Middle Female

Alias(es): _____ **Race:** _____
Last Name First (Middle)

Date of Birth: ____/____/____ **S.S. Number:** _____
mm / dd / yyyy Required for Employees

Current Address: _____
Street Address Apartment #

City State ZIP Code

Phone: _____ **Email Address:** _____

Diocesan Location: _____
Site Name (ie St Joseph Church) City (ie Summit Hill)

Location Type: Parish School Both

Diocesan Position: Employee Contractor
 Volunteer Rel. Sister
Function (ie Classroom, CYO, etc)

Does position require regular interaction with children? Yes No

Previous background check through the DoA? Yes No

Acknowledgement Signature

I hereby grant to the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature _____
Date

Questions regarding this form should be directed to the Human Resources Office at (610) 871-5200, ext 2201.

- Completed form must be returned to requesting LSEC, Pastor, Principal or Administrator.
- Parish/School must retain a copy of this completed form in the employee/volunteer file.
- Fair Credit Reporting Act (FCRA) Summary of Rights on reverse of form.

