Applicant Disclosure Statement
Employees & Volunteers

In connection with your application with DIOCESE OF WINONA and any subsidiary, you may have information requested about you from a consumer reporting agency for “employment purposes” as such term is used within The Fair Credit Reporting Act 15 U.S.C. § 1681. This information may be obtained in the form of consumer reports and/or investigative consumer reports.

These reports may contain information about your character, general reputation, personal characteristics and/or mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

If adverse action is taken from information obtained, in whole or in part, from a consumer report and/or investigative consumer report from a consumer-reporting agency, you have the right to receive a copy of the report(s) from the consumer-reporting agency. The consumer-reporting agency which prepared the consumer report and/or investigative consumer report was S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (770)649-8282 or by email at compliance@s2verify.com.

[End of Disclosure Statement]
Authorization of Background Investigation

I have carefully read, and understand, this Authorization form and further acknowledge receipt of the separate document entitled “A Summary of Your Rights under the Fair Credit Reporting Act” (available at http://www.S2Verify.com/resources.html or as a hard copy provided by the DIOCESE OF WINONA) and the “Applicant Disclosure Statement” and certify that I have read and understand both documents. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports (“Background Reports”) prepared by a consumer reporting agency, such as S2Verify, LLC, to DIOCESE OF WINONA and its designated representatives and agents for the purpose of determining my eligibility for employment, continuing employment, employment retention, promotion, reassignment, volunteering, as an independent contractor for services with the DIOCESE OF WINONA, or other lawful purposes.

I understand that if DIOCESE OF WINONA engages in a relationship with me, my consent will apply, and DIOCESE OF WINONA may obtain Background Reports throughout my relationship with them, if such obtainment is permissible under applicable State law and DIOCESE OF WINONA policy. I also understand that information contained in my application, or otherwise disclosed by me may be used when ordering the Background Reports and that nothing herein shall be construed as an offer of employment or a guarantee of a relationship with DIOCESE OF WINONA.

I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the consumer reporting agency.

California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

☐ I wish to receive a free copy of the report.

Additional State Law Notices

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation form.

Minnesota and Washington State: If DIOCESE OF WINONA requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from DIOCESE OF WINONA a complete and accurate disclosure of the nature and scope of the investigation requested by DIOCESE OF WINONA. The DIOCESE OF WINONA will provide the disclosure of the nature and scope of the investigation either five days after receiving your request or after requesting the investigative consumer report, whichever is later.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, DIOCESE OF WINONA.

First Name: _________________________________Middle Initial_________ Last Name: _________________________________

(FULL LEGAL NAME AS ON DRIVERS LICENSE)

Address: _________________________________________________________________________________________________________________

City: __________________________________ State: ______________________ Zip: _________________

Social Security Number: ___________________________ Date of Birth: ___________________________

(Only for Paid Employees/Clergy/Religious)

Driver’s License Number ___________________________ State of Issue ___________________________

(Only complete if you will be driving for your Ministry)

Email Address: ___________________________ Phone Number: ___________________________

Signature: ___________________________________________ Date: ___________________________

Diocese of Winona

September 2017