

**DIOCESE OF CHARLESTON
BACKGROUND SCREENING
BASIC DATA FORM**

Forms must be completed in their entirety to be processed.

For OCPS use: Tracking #: _____

| |
|----------------------------------|
| Name Parish/School/Office: _____ |
| Location: _____ |
| Submitted by: _____ |

Date: _____

Name: _____
First Middle Maiden Name Last

(Race)

(Gender M/F)

DOB: _____

Social Security Number: _____ Check if you do not have a SS Number: _____

Tax ID or Work ID Number: _____

Permanent Street Address: _____
Street City State Zip Code

Mailing Address if different from above: _____
P.O. Box City State Zip Code

Home Phone: _____ Cell Phone _____

email : _____

| |
|--|
| I am employed _____ or volunteering _____ with a diocesan school/parish/office? What is the title of the position? _____ - What are the job responsibilities of the position, (please be specific in your details)? _____ _____ |
|--|

| |
|--|
| Number of years/months you have lived in South Carolina: Years: _____ Months: _____ Please provide any previous addresses in which you have resided for the past five (5) years: _____ _____ |
|--|

Please note: A Criminal Background Check and a Sex Offender Registry Check is mandatory and will be performed on every individual submitting these forms.

A Driver's History Report or a check of your Credit History will be processed only if driving or handling money is part of your duties. If so, you must complete the appropriate form.

Form #: 2011-01

Revised: 11.09.16

Revised: 05.01.21

Revised: 03.28.22

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Reference Services, Inc. expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

*Credit history should be deleted if the employer is not asking credit to be checked and must be deleted in NYC, NV, and DC if the employer is not procuring credit checks.

CONSUMER REPORT DISCLOSURE

EMPLOYER (the "Company") may obtain information about you from a third-party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your **credit history***, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

These searches will be conducted by **Reference Services, Inc., 101 Plaza East Blvd., Suite 300, Evansville, Indiana 47715; Tel. # 812.474.9000; www.referenceservices.com.**

Signature: _____ Date: _____

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ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge that I have received multiple stand-alone documents provided to me, including the CONSUMER REPORT DISCLOSURE, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and OTHER APPLICABLE NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of consumer reports by [Employer] at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Reference Services, Inc., 101 Plaza East Blvd., Suite 300, Evansville, Indiana 47715; Tel. # 812.474.9000; www.referenceservices.com and/or [Employer].** I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____
Other Names/Alias _____
Social Security #* _____ Date of Birth* _____
Driver's License # _____ State of Driver's License _____
Present Address _____ Phone Number _____
City/State/Zip _____
Email Address _____
Former Employer _____ Position _____ Dates of Employment _____

Permission to contact current employer for employment and reference verifications: Yes No

*This information (SSN and DOB) will be used for background screening purposes only and will not be used as hiring criteria.

**DIOCESE OF CHARLESTON
EMPLOYEE/VOLUNTEER DRIVER APPLICATION FORM**

Parish/School/Office Name: _____ Location: _____

The volunteer or employment position for which I am applying:

Requires the operation of a motor vehicle **with children as passengers**: ____ Yes ____ No

Requires the operation of a motor vehicle **without children as passengers**: ____ Yes ____ No

An applicant will be restricted from operating a motor vehicle with children as passengers if the applicant has:

- two (2) or more moving violations within the past three (3)
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

An applicant will be restricted from operating a motor vehicle as part of their job responsibilities if the applicant has:

- three (3) or more moving violations within the past five (5) years
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

If your job responsibilities require driving and you do not meet the criteria, please make your supervisor aware of this situation immediately. Please note: if as an employee or volunteer you are cleared to drive as part of your responsibilities and receive a moving violation at any time, it is your responsibility to report that information to the Diocesan Safe Environment Manager immediately.

Full Name of Driver: _____ SS#: _____

Address: _____ DOB: _____

Driver's License #: _____ (Please attach a copy of your license) State Issued: _____

Year, Make & Model of Vehicle: _____

PLEASE ATTACH COPY OF PROOF OF INSURANCE

Insurance Company's Name: _____

I have the Minimum Liability Limits to drive in the Diocese of \$100,000/\$300,000 ____ YES ____ NO

My Liability Limits are: _____ (100,000/300,000 are required by the Diocese)

Please be aware the driver's insurance is primary in any incident requiring a claim to be made.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Diocesan ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle I operate. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date

Form #: 2011-02

Revised: 02.09.12

11.09.16

07.26.21

03.30.22

**DIOCESE OF CHARLESTON
CREDIT AUTHORIZATION FORM**

Parish/School/Office Name: _____ Location: _____

CREDIT HISTORY: Please note. A yes response will result in a credit history check.

1. **EMPLOYEES:** Do your duties include access to funds and/or making financial decisions for a diocesan office, school and/or parish? ____ Yes. ____ No. **(If No, you do not need a credit history check and should not submit this form).**

If yes, position duties: _____

2. **VOLUNTEERS:** Do your duties include access to funds and/or making financial decisions for a diocesan office, school and/or parish? ____ Yes. ____ No. **(If No, you do not need a credit history check, and should not submit this form).**

If yes, position duties : _____

If you answered yes to either of the above listed questions, please provide the requested information below and submit this form, along with the Basic Data Form, to the Safe Environment Coordinator at your parish/school or the HR official handling your employment.

Social Security Number (required) : _____ DOB: _____

Please Print Full Name

Complete Address

Signature _____ Date: _____

For use by the Safe Environment Coordinator/Pastor/Principal/HR official only

- A credit check needs to be performed on this individual whose job/volunteer responsibilities include access to funds and /or the making of financial decisions.

Safe Environment Coordinator, Pastor, Principal, HR official name: _____

Signature: _____ Date: _____

Form: 2011-03
Revised: 01.03.12
11.09.16
07.26.21
11.03.21
04.07.22