

Location # \_\_\_\_\_  
(For office use only)

**DIOCESE OF ALLENTOWN**

**Lay Employee / Volunteer Background Check Authorization**

**THIS FORM MAY BE REPRODUCED**

Full Name (Print) \_\_\_\_\_  
(please provide middle name)      *First Name*                      *Middle Name*                      *Last Name*

Address (Current) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Where Employed /Volunteering (Diocesan Location) \_\_\_\_\_

City \_\_\_\_\_ Position \_\_\_\_\_

Have you had a previous background check through the Diocese of Allentown?     Yes     No

\* \* \* \* \*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of License \_\_\_\_\_

Previous Address (Within the past five years) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Previous Address (Within the past ten years) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I hereby grant to the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification 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 \_\_\_\_\_

Any questions regarding this form or its usage should be directed to Lisa Daly, Human Resources Generalist, at (610) 871-5200, Extension 262.

**Completed form must be returned to the Pastor, Principal or Administrator who requested its completion.**