



DIOCESE OF ALLENTOWN
 OFFICE OF CATHOLIC HEALTH,
 HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
 POST OFFICE BOX F
 ALLENTOWN, PENNSYLVANIA 18105-1538
Background Check Authorization Form

Have you resided in the State of Pennsylvania for more than a year?
 Yes _____ No _____

Does position require interaction with children? Yes _____ No _____

UEID _____

- | | |
|------------------------------|----------------------------------|
| Location Type: | Diocesan Position: |
| <input type="radio"/> Parish | <input type="radio"/> Contractor |
| <input type="radio"/> School | <input type="radio"/> Employee |
| <input type="radio"/> Both | <input type="radio"/> Priest |
| | <input type="radio"/> Religious |
| | <input type="radio"/> Teacher |
| | <input type="radio"/> Volunteer |

PERSONAL INFORMATION - PLEASE PRINT

Full Name _____ Female
 Last First Middle Male

Alias(es) _____ Race _____
 Last First Middle

Date of Birth: ___ / ___ / ___ Social Security Number _____
 Mm dd yyyy Employees Only

Current Address: _____
 Street Address Apartment Number

 City State Zip Code

Phone: _____ Email Address: _____

Diocesan Location _____
 Site Name (IE St. Joseph) City (Bethlehem)

ACKNOWLEDGEMENT SIGNATURE

I hereby grant 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 inquires and sharing this information with another Roman Catholic Diocese, as necessary.

 Signature Date

- * Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.
- * Parish /School must retain a copy of this completed form in the employee/volunteer's file.