



DIocese OF TUCSON CRIMINAL HISTORY CHECK TRANSMITTAL FORM FOR NEW APPLICANTS AND RENEWAL OF CRIMINAL HISTORY/BACKGROUND CHECK

Applicant's Name: _____ Date of Birth: _____

Parish School Agency: _____ City: _____

Instructions: Please fill out which ever applies (new or renewal) and submit one transmittal form per background check.

DOCUMENTS REQUIRED FOR NEW APPLICANTS

The following FOUR documents are enclosed:

- Copy of Application of Employment or Application for Charity and Ministry Volunteer Service (whichever is applicable)
Permission to Obtain Information form
Original Fingerprint Card
\$5.00 Department of Public Safety Processing Fee

Plus ONE of the following THREE criminal history checks*:

- \$8.00 New employee/volunteer & AZ resident for past 5 years
\$20.00 New employee/volunteer & resident outside of AZ during past 5 years
\$20.00 No social security number provided

Choose the additional checks required:

- \$10.00 Motor Vehicle Report (Required for all using Diocese-owned vehicles.) The following information is required:

Driver License Number _____ State of Issue _____

- Permission to Obtain Information for driving record
\$8.00 Credit History Report (Required for all employees/volunteers involved in financial matters.)
Permission to Obtain Information for credit history
Check included.** Check number: _____
Copy of DPS Clearance Card, Expiration Date: _____

DOCUMENTS REQUIRED FOR RENEWAL OF CRIMINAL HISTORY AND BACKGROUND CHECK

The following documents are enclosed:

- Permission to Obtain Information
\$12.00 Processing fee or
\$20.00 No Social Security Number Provided.

Choose the additional checks required:

- \$10.00 Motor Vehicle Report (Required for all using Diocese-owned vehicles.) The following information is required:

Driver License Number _____ State of Issue _____

- Permission to Obtain Information for driving record
\$8.00 Credit History Report (Required for all employees/volunteers involved in financial matters.)
Permission to Obtain Information for credit history
Check included.** Check number: _____ Amount of check: \$ _____
Total for this application is: \$ _____
Copy of DPS Clearance Card, Expiration Date: _____

*These criminal history checks are not for teachers.

**Checks must be made payable to Diocese of Tucson and consist of background search fees ONLY.

TODAY'S DATE: _____ C.O.'S INITIALS: _____

DIOCESE OF TUCSON
111 South Church Avenue
Post Office Box 31
Tucson, Arizona 85702-0031

PERMISSION TO OBTAIN INFORMATION

This document authorizes the Diocese of Tucson to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment, or seeking to provide services as a volunteer or as an independent contractor.

I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the extent that the information given is true and accurate.

- a. Criminal conviction records in any jurisdiction;
- b. Social Security verification;
- c. Driving record in Arizona or other states;
- d. Educational and Professional Certification records in any jurisdiction;
- e. Work performance, attendance, and job related information;
- f. Credit history.

I agree to assist in this effort by calling prior employers, as necessary, and asking for full disclosure of my employment history.

I further understand that information obtained may be used by this employer *without liability*, to determine eligibility for initial or continued employment or assignment as a volunteer, to grant or deny me permission to enter onto Diocese of Tucson property, or that of its affiliated parishes or organizations.

I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.

I acknowledge that I have read and understand this information, and the rules governing its collection and use, are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform Act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

I acknowledge that I have read and understand this form and have had an opportunity to ask any question about it.

Please print:

First Name M.I. Last Name

Social Security Number

Date of Birth

Signature:

Driver's License #

State of Issue

APPLICANT

DATE

PARISH

CITY