



Background Check Form & Authorization

Archdiocese of San Francisco — Office of Child & Youth Protection
One Peter Yorke Way, San Francisco, CA 94109 Tel: 415-614-5504 Fax: 415-614-5658

Reason for Background Check & Applicant Information

The Archdiocese appreciates your willingness to work or volunteer at our schools, parishes, or other agencies. Since most positions may require contact with children, we require background checks of all employees and volunteers to ensure a safe environment for the children entrusted to our care.

The information is **confidential**.

Answer All Items • Use Ink • Print Clearly — cannot be processed if incomplete or illegible.

Name

Enter your name and any other name (alias/maiden) used within the last 7 years:

first name

middle

last name

first name

middle

last name

Home Address

List your most recent addresses (max 2) within the last 7 years:

street

city

state

zip

street

city

state

zip

Personal Data

Gender: Male Female

Phone: () _____

Email: _____

If no email, put "none"

Date of Birth

--	--	--

MM

DD

YYYY

Social Security #

--	--	--	--	--	--

XXX

XX

XXXX

Driver's License or State ID

--	--	--	--	--	--

Number

State

Expires

--	--	--

MM

DD

YY

Archdiocesan Affiliation

Applicant Type (check one only): Employee Volunteer

Position/Job (coach, catechist, secretary, etc): _____

Location (check one only): Parish School Other: _____

Location Name

Location City

Notice: By submitting this background check form, I acknowledge that Shield the Vulnerable, a service of LawRoom (STV), does not conduct background checks and is not a Consumer Reporting Agency. This background check is conducted by a separate organization (ESR) and STV is not responsible for any part of the background checking process. Therefore, I release and agree to hold harmless from liability STV and its officers, directors, and employees. **See back to complete form**



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Acknowledgement - Authorization - Signature

Please read ALL statements & acknowledge you read them by CHECKING EACH BOX.

- I understand that as a pre-condition to employment and/or volunteering, the Archdiocese will conduct a background check, using a consumer reporting agency, Employment Screening Resources (ESR) at 7110 Redwood Blvd. Ste C Novato, California. If I have any questions, I can call ESR at 1-888-999-4474 and ask for the Consumer Desk or go to www.esrcheck.com for more information.
- I authorize the Archdiocese and ESR to conduct the background check and authorize all municipal, county, state and federal agencies and courts to provide all information requested. Unless I withdraw this consent by contacting ESR at 888-999-4474 or info@esrcheck.com, this authorization includes future screenings if applicable.
- I understand that all inquiries are limited to criminal records, the sexual offender registration database, past addresses, and identity verification. The information is reviewed only by selected officials at the Archdiocese and is held in the strictest confidence. Plus, it's also stored electronically and encrypted for your protection.
- I understand that the one page "A Summary of Your Rights Under the Fair Credit Reporting Act" is available for review and printing at this website: <http://www.esrcheck.com/docs/FCRARights.pdf>.

I, the person signing, affirm (1) that I am the person who filled out this background check authorization form, (2) that the information I provided is true and correct to the best of my knowledge, and (3) that I read and agree to the statements above.

Your (applicant) Signature

Date Signed

You're entitled to a free copy of any requested Consumer Report, Investigative Consumer Report or Credit Report on you. Cal Civil Code 1786.16 (b)(1)

- Check this box if you want the report emailed to your email address on file.
- ONLY** Check this box if you do not have an email and want the report mailed to your address on file

Inspection Rights: You have the right to inspect ESR's files during normal business hours and on reasonable notice. The inspection may be in person, by certified mail, or by telephone if you show proper identification and pay for any copying or toll charges. You may be accompanied by one other person who must show proper identification. Trained ESR personnel will explain any of the information in the report and will provide written explanation for any coded information. Cal Civil Code 1786.22

Once complete, sign and date the form and take it to your Parish or School for processing below.

Applicant's Identity Verified By: _____

Print Name & Title of Person who Verified I.D.

Verifier's Signature Date

Check if a copy of ID kept at this site

I.D. Used to Verify Applicant Info: _____

Check One:

Driver's License

State ID Card

Passport

Other (specify): _____

ID Expires:

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MM DD YY