

EMPLOYMENT INQUIRY/RELEASE FORM DIOCESE OF SOUTHEAST FLORIDA

Please Print

First Name:	Middle/Maiden Name:	Last Name:
Address:		
City:	State:	Zip Code:
County:	Date From:	Date To:
Previous Address if less than 5 years		
City:	State:	Zip Code:
County:	Date From:	Date To:
Driver's License Number:	State of Issue:	
Social Security Number:		Date of Birth:
Race:	Sex:	
Home Phone Number:	Cell Phone Number:	Other:

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, EMPLOYEE HISTORY, DRUG OFFENSE, VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS. For and in consideration of my being considered for employment, I hereby authorize the Company designated below ("Employer") to make inquiries to Merchants Security Exchange, DBA MAF Background Screening, (MAF), a consumer reporting agency, concerning my employment suitability and qualification; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to MAF by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such criminal information is on file, or any company ("Prior Company") where such incident, drug test results or credit transaction occurred, and MAF to disseminate such report(s) to Employer. I authorize, as part of the COMPANY policy, to complete drug tests and for the company access of said test results. During any period(s) while I may be employed by Employer, I hereby authorize Employer to make further like inquiries to MAF as Employer may from time to time, deem necessary for employment purposes. I also hereby authorize MAF, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Employers inquiry(ies). I waive any further notice with respect to Employer's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAF's dissemination of any such report(s). I hereby generally release and fully discharge MAF every such governments' agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to Employer by MAF. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Employer by writing or calling MAF at **800-226-4483**.

(X)

SIGNATURE

DATE SIGNED

RELEASE OF INFORMATION

I, the undersigned, do hereby authorize MAF Background Screening to conduct a pre-employment background investigation on myself, for the purpose of determining my suitability for employment with THE DIOCESE OF SOUTHEAST FLORIDA.

This authorization is for the release of any and all information pertaining to me, including but not limited to the following:

- 1 - Educational institutions concerning my educational record, conduct, skills, habits, character, grade point average and degree obtained.
- 2 - Law enforcement agencies, military authorities, motor vehicle bureaus, hospitals, institutions, physicians, insurance companies and courts of law.
- 3 - Consumer bureau reports from consumer reporting agencies, including information from financial institutions.
- 4 - Previous or current employer(s) concerning my dates of employment, positions/titles, work habits, skills, general character, wages/salary/commissions/bonuses, disciplinary actions, and reasons for leaving.
- 5 - Previous or current employer(s) concerning information about drug screen results and/or accidents.

HOLD HARMLESS RELEASE

I hereby release and hold harmless MAF Background Screening employees/agents, THE DIOCESE OF SOUTHEAST FLORIDA, Law enforcement agencies, consumer reporting agencies, state and federal agencies, educational institutions, present and/or past employer, landlords, and all officers and employees that shall provide information to MAF Background Screening, upon request, for and against any and all claims, suits or expenses arising from or related to the content, validity or handling of said reports.

Signature of applicant _____

Date _____

Print Name _____

May we contact your current employer? N/A

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE DIOCESE OF SOUTHEAST FLORIDA TO MAKE ANY INVESTIGATIONS OF MY PRIOR EMPLOYMENT OR EDUCATIONAL HISTORY. THIS INFORMATION WILL ASSIST THEM IN THEIR ASSESSMENT OF MY QUALIFICATIONS.

I HEREBY AUTHORIZE MY PRESENT AND PAST EMPLOYERS AND SCHOOLS THAT I HAVE ATTENDED TO RELEASE ANY EMPLOYMENT INFORMATION (INCLUDING ATTENDANCE RECORDS, PERFORMANCE EVALUATIONS, ETC), REFERENCES, ACADEMIC RECORDS (INCLUDING TRANSCRIPTS, CREDENTIAL, ETC.) AND ANY OTHER CONFIDENTIAL INFORMATION THAT THE DIOCESE OF SOUTHEAST FLORIDA MAY REQUEST.

I HEREBY WAIVE ANY RIGHT I MAY HAVE TO REVIEW THE INFORMATION COLLECTED THROUGH THE ABOVE AUTHORIZATION.

I HAVE CAREFULLY READ AND REVIEWED ALL THE PROVISIONS ABOVE AND HAVE VOLUNTARILY AGREED TO SIGN THIS AUTHORIZATION.

DATE: _____

(SIGNATURE OF CANDIDATE)

(PRINTED NAME OF CANDIDATE)

EDUCATION VERIFICATION REQUEST

I authorize, the Diocese of Southeast Florida, its agents, and the below named educational institutions to conduct a verification of my educational record information as indicated below. I understand that misrepresentations or material omission of any facts is cause for dismissal. whenever such falsification is discovered. I release all persons involved in this search from liability or damages incurred as a result of this inquiry and furnishing this information.

Applicant Signature: _____

Print Name: _____

SSN: _____ Date of Birth: _____ Maiden Name: _____

Verification #1 (Most recent):

Educational Institution: _____

City / State/Zip Code: _____

Degree earned: _____

Start Date: _____ End Date: _____ Graduation Date: _____

Verification #2

Name of Educational Institution: _____

Institution Location: City/State/Zip Code: _____

Degree earned: _____

Start Date: _____ End Date: _____ Graduation Date: _____