

\_\_\_\_\_ **Date Entered USIS/HireRight**  
\_\_\_\_\_ **Order #**  
\_\_\_\_\_ **Date Eligible**  
*(For Parish/School Use Only)*

**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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 the William F. Wehbe, Human Resources Generalist at (610) 871-5200, Extension 262.*

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

**\*\*Parish/School must retain a copy of this completed form for employee/volunteer files.\*\***