

____/____/____	Date of PATCH
____/____/____	Date of CAH Cert
____/____/____	CAH Submission

UEID \_\_\_\_\_

FP Payment Code \_\_\_\_\_

CAH Payment Code \_\_\_\_\_



Diocese of Allentown  
**Background Check Authorization Form**  
 for Lay Employees & Volunteers

**Personal Information – Please Print**

THIS FORM MAY BE REPRODUCED

**Full Name:** \_\_\_\_\_  Male  
 \_\_\_\_\_  Female  
Last Name First Name Middle

**Alias(es):** \_\_\_\_\_ **Race:** \_\_\_\_\_  
Last Name First (Middle)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **S.S. Number:** \_\_\_\_\_  
mm / dd / yyyy Required for Employees

**Current Address:** \_\_\_\_\_  
Street Address Apartment #  
 \_\_\_\_\_  
City State ZIP Code

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Diocesan Location:** \_\_\_\_\_  
Site Name (ie St Joseph Church) City (ie Summit Hill)

*Location Type:*  Parish  School  Both

**Diocesan Position:**  Employee  Contractor  
 Volunteer  Rel. Sister  
Function (ie Classroom, CYO, etc)

*Does position require regular interaction with children?*  Yes  No

*Previous background check through the DoA?*  Yes  No

**Acknowledgement Signature**

*I hereby grant to 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 inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.*

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

**Questions regarding this form should be directed to the Human Resources Office at (610) 871-5200, ext 2201.**

- Completed form must be returned to requesting LSEC, Pastor, Principal or Administrator.
- Parish/School must retain a copy of this completed form in the employee/volunteer file.
- Fair Credit Reporting Act (FCRA) Summary of Rights on reverse of form.