FCRA DISCLOSURE AND AUTHORIZATION

In conjunction with my application for new or continuing employment (including contract or volunteer services) with the Diocese of Burlington or parishes within the diocese, Schools affiliated with the Diocese of Burlington, or Residential Care Facilities Administered by Vermont Catholic Charities ("VCC"), (collectively known as "the diocese/VCC"), I understand that the diocese/VCC intends to hire an outside vendor to obtain Consumer Reports and/or Investigative Consumer Reports ("Reports") about me as defined in the federal Fair Credit Reporting Act ("FCRA"). These Reports may include information concerning my criminal record and motor vehicle record. I hereby authorize release of any information of reports of abuse, neglect, or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to the diocese/VCC.

I understand that the diocese/VCC may rely on the information contained in these Reports in determining whether to extend an offer of employment to me or maintain my employment. I also understand that you may run Reports about me at least once every five years. If the diocese/VCC contemplates making an adverse employment-related decision that will affect me based, in whole or in part, upon a Report obtained from the vendor, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before that decision is finalized.

I have read the above disclosure and I hereby authorize the diocese/VCC, the vendor or its authorized agents to obtain the above-referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above-referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my employment with the diocese/VCC. It shall serve as an ongoing authorization for you to obtain Reports about me from the vendor. A photocopy or facsimile of this authorization shall be as valid as the original.

Signature: _____ Date: _____

The following information is required to conduct the background investigation

Print Name _____

First Name Middle Name Last Name

Birth Name (if different from above): _____

Full Social Security #: _____ - _____ - _____

Best phone number/s to reach you: _____

Street Address: _____

City: _____ State: _____ Zip/Postal: _____

E-Mail Address: _____

Driver's License Number: _____ State of Issue: _____

Position/role: _____ Location: _____

List of US states and state counties (or international country/city) of residence for the previous seven (7) years:

County: _____ State: _____

County: _____ State: _____

County: _____ State: _____

For Identification Purposes Only: Date of Birth: _____ / _____ / _____

MM DD YYYY

(My prospective employer understands that age is a protected characteristic and that any age-related information requested will not be used as the basis for any employment decision.)

Notice to Applicants living in CA, MN, NY or OK:

To receive a copy of any Consumer Report ordered about me, please contact:

Sterling: Theadvocates@sterlingvolunteers.com or (855) 326-1860 option 1

VERMONT

Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060

AND

Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

****** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.**

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: _____ Gender: _____
LAST FIRST Middle Initial

Address: _____

_____

Last four digits of social security number: XXX-XX_____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other ***FIRST*** names I have used, if any (i.e. Nicknames, Aliases): _____
(Type or Print)

_____

Other ***LAST*** names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

_____

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

_____
(Print Organization Name)

_____ _____
(Prospective) Staff, Contractor, or Volunteer Signature **Date**

FORM D