

### 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, outside of Vermont, 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](mailto:Theadvocates@sterlingvolunteers.com) or (855) 326-1860 option 1