



# Episcopal Diocese of Chicago Background Check Request Form

## Social Security Number Verification, Criminal Records Search, and National Sex Offender Registry Search

Full Name: \_\_\_\_\_  
*Last First M.I.*

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

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Congregation/Agency you will work for: \_\_\_\_\_

County where you reside: \_\_\_\_\_

### DMV Records

Will your ministry require you to drive with passengers for church or agency events? Yes  No

If yes, please provide your driver's license state *and* number:

### Credit Check

Please answer the following to determine whether a credit check is required for your application.

Does the position you're applying for...

...entail unsupervised access to more than \$2,500? Yes  No

...allow you signatory power over assets of more than \$100? Yes  No

...allow you access to personal, financial or otherwise confidential information? Yes  No

If you answered "yes" to any of the three questions directly above, a credit check will be completed as part of your background check to complete your application. Contact Anna Stefaniak with any questions (312) 751-4202 or [astefaniak@episcopalchicago.org](mailto:astefaniak@episcopalchicago.org)

### Screening Level

Please list the reason you are submitting to background investigation so the correct level of screening can be performed (e.g. Nursery Worker, Lay Employee, Signatory, Nominated for Holy Orders): \_\_\_\_\_

If you have been nominated for Holy Orders or are clergy applying for a position or licensure in the Diocese of Chicago, please place an "x" in this box:

If you marked an "x" in the box above, you will receive paperwork in the mail from Oxford Document Management Company for a 10 year reference check. Please complete the forms and return to Oxford Document at your earliest convenience to expedite the screening process.

## Background Check Authorization

The information contained in this form is correct to the best of my knowledge. I hereby authorize **The Episcopal Diocese of Chicago** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **The Episcopal Diocese of Chicago** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **The Episcopal Diocese of Chicago**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Conviction will not automatically exclude you from consideration for employment opportunities. Under no circumstances should you disclose an arrest that did not result in conviction or a conviction that has been ordered sealed or expunged.

I have read the above statement of authorization

Date of consent

By typing my initials in this box I indicate that I understand and consent to the above authorization

**Thank you for complying with the diocese's background check policy. You may submit this authorization form via email to [astefaniak@episcopalchicago.org](mailto:astefaniak@episcopalchicago.org)**