

BACKGROUND CHECK REQUEST FORM

SELECT (✓) THE REPORTS REQUESTED:

Oxford Document Company <i>Choose only 1 in this category</i>	
<input type="checkbox"/> Ten-year background investigation	\$120.00
<input type="checkbox"/> Five-year background investigation.....	\$ 85.00

ChoicePoint <i>Choose all that apply</i>	
<input type="checkbox"/> National Criminal File PLUS	\$6.50
<input type="checkbox"/> Credit Bureau records check	\$6.50
<input type="checkbox"/> Motor Vehicle (DMV) records check	\$5.00

(Please refer to the Requirements and Recommendations for Lay Persons to determine which reports are required for each position.)

Check for the Total Due is enclosed
(Effective 03/01/08 – All requests must be paid in full at time of request.)

BACKGROUND CHECK REQUESTED ON:

Mr./Mrs./Ms./Dr./The Rev. _____
 Home Address _____
 City, State, Zip _____
 Email Address _____
 Phone (____) _____ - _____ Paid _____ or Volunteer _____
 Position (e.g. Youth Worker, Sexton, Rector) _____

DIOCESE OF WEST MISSOURI CHOICEPOINT BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize **The Diocese of West Missouri**, and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records. The purpose of this Consent is to authorize the Diocese of West Missouri to confirm the information on my Application for Employment and /or obtain any other information relating to my qualifications for employment or volunteer service with the Diocese of West Missouri, now or at any time during the tenure of such employment or volunteer service.

I release **The Diocese of West Missouri** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee/Volunteer/Cleric Name and Signature	Date
Social Security Number *	Date of Birth *
Driver's License #	Driver's License State

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. **The Diocese of West Missouri** is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

BACKGROUND CHECK REQUESTED BY:

Church/Institution Name: _____
 Address: _____
 City, State, Zip: _____

AUTHORIZED BY:

Mr./Ms./Dr./The Rev. _____
 Title _____
 Signature _____

MAIL THE ORIGINAL, SIGNED COPY OF THIS REQUEST, TO:

The Diocese of West Missouri
 Attn: Angela Crawford
 PO Box 413227
 Kansas City, MO 64141-3227