

CATHOLIC DIOCESE OF EVANSVILLE, INDIANA
Authorization for Sex Offender Registry Check

I the undersigned employee/volunteer/applicant for employment status acknowledge that I understand the need for background checks for the Catholic Diocese of Evansville, Indiana ("Diocese"). I agree to fully cooperate in the Diocese's background investigation efforts and to sign any waivers or authorizations that may be necessary to obtain access to relevant information. In the event that any former employer, educational institution or federal, state, or local government agency will not release reference information or criminal history information directly to the Diocese, I agree to personally request such information to the extent permitted by law. I further do hereby release, hold harmless, and forever discharge the Bishop of the Diocese, all local, state and federal repositories, all previous employers and educational institutions, and the respective subsidiaries, affiliates, representatives, officers, agents, employees, successors, insurers and assigns of any of them (collectively "releases"), from any present or prospective claims of any kind, arising or resulting from, any alleged liability for conducting background investigations, reference checks and/or credit checks. I further agree to indemnify and hold all releases harmless for any liability any of them may incur because of their reliance upon this release.

I HAVE READ THE ABOVE AND UNDERSTAND IT FULLY. I RECOGNIZE THAT I AM RELEASING, DISCHARGING AND HOLDING HARMLESS, THE CATHOLIC DIOCESE OF EVANSVILLE, INDIANA, AND OTHERS, FROM LIABILITY ASSOCIATED WITH ANY PRE- OR POST-EMPLOYMENT STATUS INVESTIGATIONS TO BE CONDUCTED WITH RESPECT TO ME AND MY HISTORY.

Print Full Name _____

Print Maiden or other Names used _____

Current Address _____
(City, State, Zip)

Previous Addresses within the last 10 years _____
(City, State, Zip)

(City, State, Zip)

(City, State, Zip)

Social Security Number ____-____-____ Driver's License Number _____ State _____

Race _____ Sex _____ Date of Birth _____

Signature _____ Date _____

TO BE COMPLETED BY A REPRESENTATIVE OF
THE CATHOLIC DIOCESE OF EVANSVILLE, INDIANA

APPROVED _____

NOT APPROVED _____

DIOCESAN REPRESENTATIVE

DATE