THE ARCHDIOCESE OF SAN ANTONIO

Human Resources Office
2718 W. Woodlawn Avenue
San Antonio, Texas 78228-5195
Phone 210-734-2620 Fax 210-734-1919

CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

Name: _____
First Middle Last

Other names used: _____

Current address: _____
Street City State Zip

List every city/and state you have lived in the past 10 years: _____

_____

_____

Daytime phone #:_____Other phone #: _____

Driver's license#: _____State: _____Date of birth: _____

Name of Parish or Agency: _____

Volunteer Position or Job Title with Parish, School or Agency: _____

Cost to process a form is $6.00 and checks need to be made payable to the Archdiocese of San Antonio
Check Number: _____ Amount of Check: _____

FOR OFFICE USE ONLY:
This individual is clear of criminal records _____
This individual is not clear of criminal records _____
Comments:
_____

_____

You must answer the following:

Have you ever been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.) ____YES ____NO

If you answered "YES", please attach a separate piece of paper giving full details of the event. Please read the following paragraph carefully and sign below to indicate that you understand this document:

I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Service and my driving record.

I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.

I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.

I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.

The statements made by me on this form are true, correct, accurate and complete and are made in good faith.

I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.

Signature: _____ Date: _____