



Applicant Disclosure and Authorization Statement

In connection with your employment or application for employment (or contract for services) and any future employment (or contract for services) with the Diocese of Winona and any subsidiary, you may have information requested about you from a consumer reporting agency in connection with your application for employment purposes. This information may be obtained in the form of background reports and/or investigative reports. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by the Diocese of Winona, throughout your employment if permissible under applicable the Diocese of Winona policy and/or state law.

These reports may contain information about your character, general reputation and/or mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

If adverse action is taken resulting from information obtained, in whole or in part, from consumer reports and/or investigative reports, you will have the option to receive a copy of the report from S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (770)649-8282 or by email at compliance@s2verify.com.

A summary of your rights under the Fair Credit Reporting Act and other applicable state laws can be found at: <http://www.S2Verify.com/resources.html> or at the hiring site.

Additional State Law Notices

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation below. **California Law:** Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by S2Verify during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at S2Verify's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. S2Verify has trained personnel available to explain your file to you, including any coded information.

Maine: You have the right, upon request, to be informed of whether an investigative background report was requested, and if one was requested, the name and address of the background reporting agency furnishing the report. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

Massachusetts: If we request an investigative background report, you have the right, upon written request, to a copy of the report.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

By signing the Authorization below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Washington State: If the Diocese of Winona requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Diocese of Winona a complete and accurate disclosure of the nature and scope of the investigation requested by the Diocese of Winona. I further understand that the Diocese of Winona will not obtain information about my "credit worthiness, credit standing, or credit capacity" unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.



Authorization of Background Investigation

I have carefully read, and understand, this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act and the applicable state laws at (<http://www.S2Verify.com/resources.html>) or the office copy provided at the hiring site. By my signature below, I consent to the release of background reports and/or investigative background reports prepared by a background reporting agency, such as S2Verify, Inc., to the Diocese of Winona and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes. I understand that if the Diocese of Winona hires me, my consent will apply, and the Diocese of Winona may obtain background reports throughout my employment if permissible under applicable the Diocese of Winona.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the background reporting agency.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, the Diocese of Winona.

California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Email Address: _____

(Results will be e-mailed)

Signature: _____

Date: _____