



Missionary Oblates of Mary Immaculate United States Province

BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

Please print as neatly as possible and fill out both sides. Illegible forms will be returned.

NAME: _____
FIRST MIDDLE LAST

OTHER NAMES USED: _____

CURRENT ADDRESS: (Street) _____

CITY STATE ZIP _____

LIST EVERY CITY AND STATE YOU HAVE LIVED IN OVER THE PAST TEN

(10) YEARS: *(Use additional paper if necessary.)*

DAYTIME PH.#: _____ ALTERNATE PH. # _____

DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

SOCIAL SECURITY # _____ DATE OF BIRTH ____/____/____
mn/day/year

(If you do not have a driver's license, include a copy of other form of identification (e.g.: permanent residence card or alien registration card; school record; baptism certificate and/or original or certified copy of a birth certificate issued by a state/county bearing official seal.)

I authorize the Missionary Oblates of Mary Immaculate and First Advantage Services or a reasonably equivalent investigative search service to perform a criminal, background and driving record search on me. I do hereby release and agree to hold harmless the Missionary Oblates of Mary Immaculate and its agents, employees, volunteers, officers and directors from liability in utilizing this information for the purposes of evaluating me for participation in the July 2016 San Antonio Missionary Experience of the Missionary Oblates of Mary Immaculate.

Have you ever been convicted of a criminal offense (other than a minor traffic violation)?
 yes **no**

Has a civil or criminal complaint ever been filed against you alleging physical or sexual abuse, physical or sexual assault, child neglect or sexual misconduct? **yes** **no**

Have you ever been terminated from your employment for reasons relating to allegations of physical abuse or sexual abuse by you? **yes** **no**

Do you use illegal drugs? **yes** **no**

Is there any fact of circumstance about you or in your background that would call into question your being trusted with the supervision, guidance, education and/or care of minors and/or vulnerable persons? **yes** **no**

SIGNATURE: _____ **DATE:** _____