



PERSONAL DRIVER BACKGROUND INFORMATION AUTORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the Roman Catholic Diocese of Toledo,
Print Name

including authorized parish personnel, to obtain any information related to my employment history, criminal history and driving history from employers, criminal justice agencies, licensing agencies, individuals, or other sources from which such information may be obtained. This information may include, but is not limited to, all matters related to my employment history, personal history, civil court and traffic court records, criminal history records, arrests, convictions, and all information related to the operation of motor vehicles. I direct the recipient of this request to release such information upon the request to any representative of Cincinnati Insurance or the Diocese of Toledo.

I further authorize any representative of the Diocese of Toledo to conduct interviews in the course of gathering information and conducting investigation relative to obtaining the information specified above.

I understand that the information you release is for use by any parish, school, or affiliated institution of the Diocese of Toledo, and that this information may only be re-disclosed as authorized by law.

I understand that the information obtained by any representative of the Diocese of Toledo may be used in the evaluation of my current employment or volunteer service with the Diocese of Toledo and may result in my dismissal from said employment or volunteer service.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of any investigator or representative of any parish, school, or affiliated institution within the Diocese of Toledo regardless of any prior agreement to the contrary.

I release any individual, including records custodians, from all liability for damages that may result from compliance or any attempt to comply with this Authorization.

I attest that all copies of this Authorization, which have been executed by me, bearing my signature are valid to the same extent as the original executed document. This Authorization is valid for two (2) years from the date of signing, or until the termination of my employment or volunteer service, whichever is longer.

Signature

Date

Home Phone Number

Date of Birth

Driver's License Number

Social Security Number

CURRENT ADDRESS

Street City State Zip

How long have you lived at this address? _____ Years

PREVIOUS ADDRESS #1

Street City State Zip

From: _____ Until: _____

PREVIOUS ADDRESS #2

Street City State Zip

From: _____ Until: _____

CURRENT EMPLOYER

Name City State

Description of Employment, Including Job Title

From: _____ Until: _____

PREVIOUS EMPLOYER #1

Name City State

Description of Employment, Including Job Title

From: _____ Until: _____

PREVIOUS EMPLOYER #2

Name City State

Description of Employment, Including Job Title

From: _____ Until: _____