

## Criminal History Background Search

**For Employees and Volunteers of the Parish, Pastoral Center & Other Diocesan Institutions**  
**NOT FOR EMPLOYEES OF THE SCHOOL - School Employees contact your School Principal for information on the fingerprint process to complete the Criminal History Background Check.**

**Box A.**  Check this box if you **HAVE** completed the Volunteer Criminal History Application On-line via the Diocese web site and **DO NOT** complete this form.

**Box B.**  Check this box if you **HAVE NOT** completed the Volunteer Criminal History On-Line Application available on the diocesan website and **DO** complete this form.

**INSTRUCTIONS: PLEASE PRINT ALL INFORMATION, SIGN AND DATE.** Provide the information requested in items 1 thru 10 of this form. All information is required unless otherwise noted.

1. In the boxes below list the Parish, School Agency, Office or Institution for Employment or Volunteer Position and the City where located.

	City
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2. Report Current Address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Check here if numbers 3, 4, and 6 do not apply and proceed to number 7 or 8 as applicable.

3. Maiden and/or Former Name(s): \_\_\_\_\_

First MI Last

4. Additional Name(s) \_\_\_\_\_

First MI Last

5. Additional Addresses: List all addresses of residence for the past 7 years outside of your current county of residence.

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**\*Required field for Employment Positions only. Volunteers do not complete this information.**

6. \*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

8. If you would like to receive a copy of your search results please indicate the method below. Please print email address clearly:

send results by email to: \_\_\_\_\_

send results by USPS to the above address or indicate another address here:

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

9. \_\_\_\_\_ Signature \_\_\_\_\_ 10. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date

Send to the Office for Safe Environment for processing. FAX: 1-888-927-4141, OR MAIL: Office for Human Resources, 1615 W. Washington, Springfield, IL 62702