

INVESTIGATIVE CONSUMER REPORT, CONSUMER REPORT DISCLOSURE, and CONSENT FORM

Company Name: Diocese of New Ulm (“Requesting Entity”)

In connection with your employment, application for employment (or contract for services), any future employment (or contract for services) or in connection with your desire to volunteer with the **Diocese of New Ulm** that you may have, investigative consumer reports and consumer reports, which may contain public record information, be requested from Promesa Enterprises, Inc. dba Integrated Screening Partners (ISP). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, criminal information, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from ISP such as previous driving record requests made by others from such state agencies or previous drug/alcohol tests and the results of such tests. Such reports may also contain medical information relevant to process or effect the employment.

You have the right to receive, upon your written request within a reasonable period of time a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to ISP, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that ISP has previously furnished within the two-year period preceding your request. ISP may be contacted by mail at: Integrated Screening Partners, Attn: Consumer Department, 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420.

I authorize and instruct ISP to prepare a consumer report or investigative consumer report and to disclose all information obtained to the Requesting Entity including relevant medical information, for the purpose of making a determination as to my eligibility for initial or continued employment (or contract for services), promotion, reassignment, retention or any other lawful purpose. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). If hired, contracted or accepted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment, contract period, or active participation as a volunteer.

I hereby fully release and discharge ISP, the Requesting Entity, and their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to ISP from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

Print your full name (First/Middle/Last) _____

Print other names you have used (Maiden; Former) _____

Social Security Number: _____ - _____ - _____ Date of Birth (mm/dd/yyyy): _____/_____/_____ Male Female

Daytime Phone Number _____ - _____ - _____ Email _____

Drivers License Number _____ State of Issuance _____ Expiration _____

Home Address _____ City _____ State _____ Zip _____

Employee Position _____ or Volunteer Position _____

Parish/School _____ HS Elementary City _____

Please process: National Background Check Credit Check Motor Vehicle Check

I request a copy of any consumer report processed on me.

Today’s Date _____ Signature _____

Date Forms A and B of the Diocesan Sexual Misconduct Policy were signed (to be retained in parish files) _____

Date VIRTUS training session was attended _____ or date you have pre-registered for VIRTUS training _____

Parish/School Billing Number _____ **Diocesan Office Use Only:** Parish or School Notified of B[✓] result _____

*Para informacion en espanol, visite www.consumerfinance.gov/learnmore
o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552*