



PRINT CHARACTERS LIKE THIS
ABCDE 98765

CORRECT INCORRECT
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Consent to Request Consumer Report Information

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Applicant's First Name or Initial

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Last Name

I understand that RC Diocese Of Paterson ("DIOCESE") will use Sterling InfoSystems Inc, 1 State Street Plaza, 24th Floor New York, NY 10004, (800) 899-2272 to obtain a consumer report ("Report") as part of the employment/volunteer application process. I also understand that if my application is accepted, to the extent permitted by law, DIOCESE may obtain further Reports from STERLING so as to update, renew or extend my employment or ability to volunteer.

I understand Sterling InfoSystems Inc.'s ("STERLING") investigation may include obtaining information regarding my criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact public agencies or other persons who may have such knowledge.

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize the RC DIOCESE OF PATERSON to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only: I have the right to request a copy of any Report obtained by COMPANY from STERLING by checking the box. (Check only if you wish to receive a copy)

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

Signature:

Today's Date:



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[Grid of 25 empty boxes]

For Office Use Only - Group ID (optional)

[Grid of 25 empty boxes]

For Office Use Only - User ID (optional)

[Grid of 25 empty boxes]

For Office Use Only - Location / Store # (optional)

[Grid of 25 empty boxes]

First Name

[Grid of 10 empty boxes]

Middle Name or Initial

[Grid of 25 empty boxes]

Last Name

[Grid of 10 empty boxes]

Date of Birth (MMDDYYYY)

[Grid of 25 empty boxes]

Male Female

Other Names Known By

[Grid of 12 empty boxes]

[Grid of 12 empty boxes]

Social Security Number

Primary Telephone Number (no dashes)

[Grid of 25 empty boxes]

[Grid of 2 empty boxes]

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Current Address

Apt #

#yrs at this address

[Grid of 20 empty boxes]

[Grid of 2 empty boxes]

[Grid of 10 empty boxes]

City

State

Zip Code

[Grid of 25 empty boxes]

[Grid of 2 empty boxes]

Previous Address

Apt #

#yrs at this address

[Grid of 20 empty boxes]

[Grid of 2 empty boxes]

[Grid of 10 empty boxes]

City

State

Zip Code

[Grid of 20 empty boxes]

[Grid of 2 empty boxes]

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Driver's License Number (no dashes)

License State

[Grid of 25 empty boxes]

Email Address

[Grid of 25 empty boxes]

[Grid of 10 empty boxes]

Signature

Today's Date (MMDDYYYY)