



ARCHDIOCESE OF ST. LOUIS
Safe Environment Program

Background Disclosure and Authorization
For Employees and Volunteers



AmericanChecked INC.
Background Screening Solutions

Today's Date _____ Signature _____

Print Your Full Name _____

Primary Location for Employment/Volunteer Services _____

Primary Location's City _____

Check All That Apply To You: Employee: Yes _____ No _____ Volunteer: Yes _____ No _____

For purposes of gathering this information, I agree to supply the information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.

Print Any Other Names, Including Last Names, Used Within The Last 5 Years _____

Current Address _____

City _____ State _____ Zip _____

How Long Have You Been At Your Current Address _____

Print All Cities, States And Zip Codes Where You Have Lived During The Last 5 Years _____

Social Security Number _____ Date Of Birth _____

Driver's License Number _____ State Issuing License _____

Email Address (if you wish to be contacted this way) _____

Phone Number _____