



# BACKGROUND SCREENING RENEWAL FORM

Diocese of Wilmington

CHARTER \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTIONS:** This form contains four sections, all of which must be fully completed. Please type or print legibly in ink. Section I is the basis for your background check that will be conducted by Hyden and Associates, Inc., an investigative agency under contract to the Diocese. You must complete the entire form. Indicate "none" or "DNA"(does not apply) where applicable. You and the Diocese will receive a copy of the results of this investigation upon completion. This form, along with payment, should be sent via U.S. Mail to **Hyden and Associates, Inc., PO Box 268, Georgetown, DE 19947 with the \$30 fee.**

**RELEASE:** By signing this form, I understand an investigation will be conducted of all information contained in Section I of this form. I also understand that the results of the investigation will be considered, along with all other information submitted on this form, in making a decision concerning my suitability as an employee or volunteer for the Diocese of Wilmington. The information contained in this application is true and correct to the best of my knowledge. I further understand that inaccurate or untruthful responses to the questions contained in this form may be the basis for refusal to employ or allow volunteer participation. I understand that all criminal background checks will be treated as confidential. I understand and authorize the access to any and all information and records relating to my criminal history or criminal offense committed or alleged arrest, alleged criminal acts and criminal offenses committed. I understand if a disqualifying offense is found in a criminal background check, I will be given the opportunity to verify information and correct errors. I intend this to be a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document.

Signature (black ink)

Date

## Section I: Background

1. Name: Last	First	MI	2. Maiden / other name
3. BIRTHDATE (mm/dd/yyyy):	4. SEX: (Circle One) MALE      FEMALE	5. SSN:	
6. MAILING ADDRESS (Street / City / State / Zip):			
7. E-MAIL ADDRESS (username@domain.com):		8. Phone / Cell number:	
9. CURRENT EMPLOYER / City / State:			
10. EMPLOYMENT PHONE NUMBER: (      )			
11. NAME OF SPOUSE(S)		12. DATE OF MARRIAGE(S)	

13. LIST CITY, COUNTY, AND STATE OF RESIDENCE FOR PAST 5 (FIVE) YEARS.  
PLEASE BEGIN WITH THE MOST RECENT.

CITY	COUNTY	STATE	DATES

14. HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A MISDEMEANOR OR FELONY OFFENSE? Circle **Yes** or **No**

15. HAVE YOU BEEN CONVICTED OF DRIVING WHILE UNDER INFLUENCE OF ALCOHOL/ DRUGS, DRIVING WHILE IMPAIRED?  
Please Circle **Yes** or **No**

If you answered yes to either of the above questions (14, 15), provide the details below

COUNTY/STATE OF ARREST	CHARGE	DISPOSITION / YEAR

REPORT DELIVERY PREFERENCE    Would you prefer your report delivered to you by:    US MAIL     E-Mail