

The Diocese of Camden, New Jersey
DISCLOSURE AND RELEASE FORM

DISCLOSURE

In connection with your employment, application for employment or as a volunteer (including contract for services), a criminal history background check, may be conducted. If you provide fingerprints, these may be submitted to law enforcement, including the New Jersey State Police and the Federal Bureau of Investigation, for the purpose of conducting a criminal history background check.

Consumer reports may be requested from a Consumer Reporting Agency, including but not limited to Selection.com[®]. These reports may include information concerning criminal records from federal, state and other agencies which maintain such records and possibly other records as are needed to determine and/or confirm current and previous addresses in order to perform an appropriate criminal history background check. You have the right to make a request to Selection.com[®], 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 Selection.com[®] has previously furnished within the two-year period preceding your request. Selection.com[®] may be contacted by mail at 155 Tri-County Parkway, Suite 150, Cincinnati, Ohio, 45246, or by phone at (800) 325-3609.

AUTHORIZATION & RELEASE

I AUTHORIZE, WITHOUT RESERVATION, THE CONSUMER REPORTING AGENCY, AND ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

The Consumer Reporting Agency is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, volunteering, promotion or any other lawful purpose. I authorize the requesting entity to share all information obtained with the location(s) at which I seek to work or volunteer.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, my eligibility for promotion or my ability to volunteer.

PRINT NAME: (First, Middle, Last) _____

SIGNATURE: _____

TODAY'S DATE: ____/____/____

SOCIAL SECURITY NO. _____

DATE OF BIRTH: ____/____/____

CURRENT ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

PHONE NO. (____) _____

PREVIOUS ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

(If fewer than 5 years at current address)

Company Name: The Diocese of Camden, New Jersey

To be completed by location: Location Name: Assumption Regional Catholic School

Location Number: 207

Position: Principal

Contact Name: Mary Ellen Schurtz

Contact Phone: 609-652-7134

(1) Originating Agency Number (ORI #) NJ920610Z		(2) Category YSB		(3) Statute Number 15A:3A-1	
(4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER			(5) Document Type VB1		(6) Payment Information \$24.20
(7) Contributor's Case # (Unique Identifier) CAM207			(8) Miscellaneous		
(9) First Name		(10) MI		(11) Last Name	
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)		(14) Date of Birth	(15) Height
(16) Weight		(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)	
(19) Country of Citizenship					
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one)		(22) Hair Color		(23) Eye Color	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both					
				(24) Race (Select One)	
				<input type="checkbox"/> Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Assumption Regional Catholic School Employer Address 146 S. Pitney Road City Galloway State NJ Zip 08205			
Identification Requirement - Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria; Photo, Name, Address (home/employer), Date of Birth and is issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

Please READ this form carefully

and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an Applicant is responsible for payment, Payment Is Required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account; accounts will be debited immediately. Money Order is the only form of payment accepted at the enrollment center. **Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper Identification; Inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2; Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.
APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM