

# THE ARCHDIOCESE OF SAN ANTONIO



Human Resources Office  
2718 West Woodlawn Avenue  
San Antonio, Texas 78228-5195  
Phone 210-734-2620 Fax 210-734-1919

## CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

**\*\*Please print as neatly as possible and fill out both sides. Illegible forms will be returned.**

Name: \_\_\_\_\_  
                                First  Middle  Last

Other names used: \_\_\_\_\_

Current address: \_\_\_\_\_  
  Street  City  State  Zip

List every city/and state you have lived in the past 10 years: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Other phone #: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of Parish or Agency: \_\_\_\_\_

Volunteer Position or Job Title with Parish, School or Agency: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

This individual is clear of criminal records \_\_\_\_\_

This individual is not clear of criminal records \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**You must answer the following:**

**Have you ever been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.)    \_\_\_YES    \_\_\_NO**

**If you answered “YES”, please attach a separate piece of paper giving full details of the event. Please read the following paragraph carefully and sign below to indicate that you understand this document:**

**I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Service and my driving record.**

**I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.**

**I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.**

**I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.**

**The statements made by me on this form are true, correct, accurate and complete and are made in good faith.**

**I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**