

**CONSENT TO PERFORM CREDIT AND
CRIMINAL BACKGROUND CHECKS**

I, _____, (your name),
authorize and permit **The Province of Saint Joseph of the Capuchin
Order** to perform background checks and obtain information about me from
credit reporting sources, banks and law enforcement agencies.

I further authorize and permit **The Province of Saint Joseph of the
Capuchin Order** to obtain updated information on a regular/as needed
basis.

Signature

Date

Full Printed Name of Applicant

Previous/Birth Name (if applicable)

Driver's License #/ Issuing State City State

Social Security Number

Date of Birth (for identification purposes only)

Present Address How Long?

Former Address How Long?

City State

City State