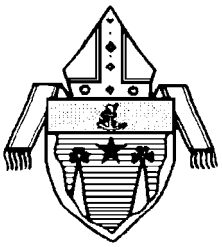

DIOCESE OF EL PASO
CRIMINAL BACKGROUND CHECK FORM FOR EMPLOYEES

Entity Applying for:_____

Position applying for:_____

Name:_____
First **Middle** **Last** **(Male/Female)**

_____
Address **City** **State** **Zip**

Other names used:_____
Date of change

Date of Birth:_____**Social Security Number:**_____
(MM-DD-YYYY)

Drivers License Number:_____ **State Issued by:**_____

Have you lived in the State of Texas for the last 7 years?_____
If not, please indicate City and State last lived in? _____

Have you ever attended a Sexual Misconduct Workshop held by the Diocese of El Paso?

Yes_____ **When and where**_____ **No**_____

Have you ever attended the Safe Environment Program Workshop held by the Diocese of El Paso?

Yes_____ **When and where**_____ **No**_____

Have you attended the combined workshop – Sexual Misconduct and Safe Environment held by the Diocese of El Paso?

Yes_____ **When and where**_____ **No**_____

By signing below, I authorize the Diocese of El Paso, to conduct a criminal background check.

_____ _____
Signature **Date**