

**Please return the attached authorization form to:**

Catholic Athletic Association  
2136 Ford Parkway #239  
St Paul, MN 55116

**Do not email the form to us as it contains personal information.**

**EMPLOYEE - COMBINED DISCLOSURE NOTICE AND AUTHORIZATION**  
**REGARDING BACKGROUND CONSUMER REPORTS**  
*(Important: Please read carefully before signing)*

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment, history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer reporting agency.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, the address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month, Day, Year)

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Names Used & Date Changed \_\_\_\_\_ (Year Changed)

Professional License (s): \_\_\_\_\_ State(s): \_\_\_\_\_ Type(s): \_\_\_\_\_ Number (s): \_\_\_\_\_

May we contact your current employer? \_\_\_Yes \_\_\_No

**Residence Addresses For The Past 7 Years:** (attach additional sheets, if necessary)

Street Address	City, State & Zip Code	County	From Mo./Yr.	To Mo./Yr.

Have you ever been charged with or convicted of a Misdemeanor or Felony crime? \_\_\_Yes \_\_\_No

**If yes,** please explain in some detail, including what county and state, and in what year:

Conviction	City & State	County	Date

I hereby authorize **Catholic Athletic Association** and/or The McDowell Agency, Inc. and their agents, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original.

Printed Full Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(MN/CA/OK/ME/NY Residents Only): Do you wish to receive a copy of your consumer report? Yes \_\_\_ No \_\_\_