



DIOCESE OF PALM BEACH

9995 North Military Trail

P.O. Box 109650

Palm Beach Gardens, Fl 33410

Candidate Authorization for Reference Check

Name: _____

Date: _____

Program Applying To: _____

To Whom it May Concern:

I have applied for a position with Catholic Charities of the Diocese of Palm Beach, Inc. As part of their hiring process, Catholic Charities may conduct employment verification, education verification, driving record or criminal background check, reference check, and/or other inquiries regarding my background. This includes information as to my personal character, general reputation, and other qualities pertinent to my prospective service.

I hereby consent and authorize Catholic Charities of the Diocese of Palm Beach, Inc. and/or their designated agents to make such inquiries. I authorize without reservation the release of such information to Catholic Charities and/or their designated agents, and I release Catholic Charities and the provider of such information from any and all liability for damages arising from the investigation and disclosure of the requested information.

I will allow a photocopy of this authorization to be as valid as the original.

(Employee's Signature)

Date: _____

Please print name _____