

**BYZANTINE CATHOLIC ARCHDIOCESE OF PITTSBURGH**

66 Riverview Avenue, Pittsburgh, Pennsylvania 15214

Phone 412 231-4000

Fax: 412 231-1697

**CLERGY, EMPLOYEE, VOLUNTEER BACKGROUND CHECK  
DISCLOSURE AND AUTHORIZATION FORM**

**DISCLOSURE**

This is to inform you that a report is being obtained from an independent agency (First Advantage) on behalf of the Archdiocese of Pittsburgh. This report is for the purpose of evaluating your suitability for service within the Archdiocese according to the norms set forth in the *Charter for the Protection of Children and Young People* as mandated by the United States Conference of Catholic Bishops and in the *Policy on Sexual Misconduct of the Archdiocese of Pittsburgh*. This report will be treated with the strictest confidence and with absolute commitment to your right to privacy and attention to your legal and canonical rights.

**AUTHORIZATION**

I hereby authorize the Archdiocese of Pittsburgh to make an independent investigation of my background, references, and records for the purpose of confirming my suitability for service in the Archdiocese.

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

The following is true and correct to the best of my knowledge: *(Please print neatly)*

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

Name Suffix: \_\_\_\_\_ (Jr, Sr, First, Second, Third, Fourth)

Maiden Name or Other Names used: \_\_\_\_\_  
Last First Middle Initial

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Required) Sex: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Parish, City, State \_\_\_\_\_

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