

Background Check Instructions for PHILIPPINES

First Name _____ Last Name _____

Member Number _____

Please read the step by step instructions below and complete all components. Once all steps have been completed, please email a scanned copy to youthleader@kofc.org or mail to:

Knights of Columbus
Attn: Office of Youth Protection
1 Columbus Plaza
New Haven, CT 06510

If you have any questions regarding the Safe Environment policy adopted by the Knights of Columbus or why you are being asked to complete a background check, please call the Safe Environment Member Helpline at 203-800-4940

Step	Document/Page/Instructions	Complete
1.	Review Authorization for a Background Check (page 2) <ul style="list-style-type: none"> ○ Complete and return the information requested (page 2) 	<input type="checkbox"/>
2.	Public Records Questionnaire (page 3) <ul style="list-style-type: none"> ○ Complete and return the information requested (page 3) 	<input type="checkbox"/>
3.	Philippines Authorization and Declaration Form (page 4) <ul style="list-style-type: none"> ○ In Country Applicants: Complete and return the information requested (page 4) 	<input type="checkbox"/>
4.	Identification; Passport Scan or National ID <ul style="list-style-type: none"> ○ Acceptable Forms of Identification in Lieu of Passport Scan (In-Country Applicants) : <ul style="list-style-type: none"> ➤ Driver's License – Land Transportation Office ➤ SSS UMID Card – Social Security System ➤ GSIS eCard – Government Services and Insurance Corporation ➤ Digitized Postal ID – Philippine Postal Corporation ○ For Philippines government issued ID's, please provide the front and back of the ID. ○ All identification provided must be non-expired and must be clear/legible. 	<input type="checkbox"/>

If you have any questions regarding the required documents, please contact our Praesidium Support Team at 800-743-6354 (select option 3 for Support) or support@praesidiuminc.com



Authorization Form

I hereby authorize Praesidium, and/or its affiliates and agents to make an independent investigation of my background and criminal record history which may be in any state, provincial, local, and files held by any law enforcement authorities; including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for paid or unpaid employment (including volunteers). This authorization and consent shall be valid in original, fax, or copy form.

I understand that Praesidium's systems and databases are maintained in the United States; therefore, my personal identifiable information will be collected and maintained in the United States. Once my information is entered into Praesidium systems, it will be treated as confidential and protected through a variety of generally accepted industry standards. Such personal information may be subject to access requests from foreign governments, courts, law enforcement officials and national security authorities, in accordance with the laws of the foreign jurisdiction.

If employment is denied in whole or in part because of information obtained by the above-named company, I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of the investigation.

I release the above-named company and/or its agents and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

Signature: _____ Date: _____

Print Name: _____

Prior Name(s)
(if applicable): _____

Date of birth: _____ Driver's License number: _____

Current
Address: _____

PUBLIC RECORDS QUESTIONNAIRE

1. Have you ever been arrested or convicted of any criminal offense?	Yes	No
Is the case still pending?		
If yes, please provide details.		
2. Have you ever been declared bankrupt or had a petition of bankruptcy?	Yes	No
If yes, please provide details.		
3. Have you ever been involved in any civil judgments, as a Plaintiff or Defendant?	Yes	No
If yes, please provide details.		
4. Have you ever been refused entry to any country?	Yes	No
If yes, please provide details.		
5. Have you ever been terminated or dismissed by any employer?	Yes	No
If yes, please provide details.		
6. Have you ever been involved in any act of violence?	Yes	No
If yes, please provide details.		
7. Are you currently engaged in any other business either as a proprietor, partner,	Yes	No
If yes, please provide details.		



DECLARATION

I hereby certify that all information provided in this form is accurate and complete at the best of my knowledge. I understand that any misrepresentation and/or falsification of any fact may result in cancellation of employment or immediate dismissal.

I recognize that in connection with my employment with **Knights of Columbus**, I may be subjected to a background check enquiry and hereby authorize the same.

LETTER OF AUTHORIZATION

I hereby authorize Vanguard Screening Solutions Pte. Ltd., to verify information provided in my form for pre-employment purposes. I authorize all persons who may have information relevant to this enquiry to disclose it to Vanguard Screening Solutions Pte. Ltd. and its partners, associates and to all persons concerned from liability on account of such disclosure. I hereby voluntarily affixed my signature and represent this document to be an original.

I further authorize the procurement of a consumer credit report or other like documents and understand the report may contain information on my background, mode of living, character, and personal reputation. I further consent to the review and release of any information from my military records deemed necessary.

I further acknowledge, consent and agree that photocopies of this Letter of Authorization may be made and used as if they were original copies.

Signature: _____
Date Signed: _____
Full Name: _____
Gender: _____
Date of Birth: _____
Identification No: _____