ARE YOU ALREADY REGISTERED?

If you are already registered, please do NOT register again. Use one of the following resources to help you log in.

- Click here for Frequently Asked Questions & Tips
- Reset your password
- Click the Live Help button to chat online with Tech Support
- Call Tech Support at 888-804-9643
- Back to Login Page

Choose your username and password

Nombre de Usuario. Solo puede utilizar minúsculas y/o números, sin espacios. Si alguien ya eligió su nombre de usuario se le pedirá usar uno diferente.

Contraseña. Por lo menos 6 caracteres y tiene que contener por lo menos un número. Pueden contener mayúsculas y minúsculas.

Username*

Usernames are always lower case letters and/or numbers with no spaces. To help you remember your username, you may use your email address as your username. (Some email addresses may not be accepted). If someone else has already chosen your username, you'll have to try again using a different username.

Password*

Passwords must be at least 6 characters and contain at least one number. Passwords can include UPPER CASE and lowercase letters, numbers and special characters with no spaces.
My Ministry

Position:

Primary Institution:

Secondary Institution:

Security Question:

Select a Security Question:

Answer to Security Question:

Site policy agreement:

By submitting this form I am confirming that all of the information being submitted is true and that I am the person listed on the account. If it is discovered that any information submitted on this form or during the use of this website is not true, or that the person submitting this form or using the website with this account is not, in fact, the person listed on the account, it will jeopardize the account holder’s privilege to work and/or volunteer in the Archdiocese of Indianapolis.

I understand and agree*

reCAPTCHA

Enter the words above

Create my account

There are required fields in this form marked *.
Please click the Continue button below to confirm your new account and to proceed to the secure online background screening application form.

After completing your online background screening form submission, you will be directed back to the Archdiocesan training site to complete your training course.

Continue
Barada Associates eForms are created and stored on a secure network that protects all information entered from the browser. All data provided on the form below is encrypted and is password protected.

Please note that a Department of Child Services search is now required by the State of Indiana, effective July 1, 2016, in every state that you have resided since the age of 18. If you have lived in a state besides Indiana since the age of 18 Barada Associates may be emailing you the necessary documents to complete the newly required search in those states. Please promptly complete the forms and be sure to follow any directions provided on the form or by Barada Associates to prevent any delays in processing your background check. Thank you.

Name the parish/school requesting the background check *

Please type name of parish/school

City of Parish/School *

Are you an employee or applying to be an employee of the Archdiocese? *

☐ Yes
☐ No

Please check the appropriate box

Do you work or will you work in a school? *

☐ Yes
☐ No

Please check the appropriate box

Have you ever been licensed or certified to teach (held a teaching license or certificate) in any state in the United States? *

☐ Yes
☐ No

Please check the appropriate box

Save and Resume Later

Next »
Applicant Disclosure

In connection with my volunteering and/or employment with the Archdiocese of Indianapolis, I understand that a consumer report (and/or investigative consumer report), as defined by the Fair Credit Reporting Act (FCRA), may be obtained for volunteering and/or employment purposes.

Applicant Signature *

☑ I Agree

By clicking on the 'I Agree' button, I acknowledge the above disclosure.

Haga clic en la cajita de "I Agree"

Selecciona "Next" para continuar

Save and Resume Later

Previous

Next »

Form secured by Formstack
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of consumer reporting agencies.

A Summary of Your Rights Under the Fair Credit Reporting Act

7. Brokers and Dealers


9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

Please Print for Your Records!

If you would like a copy of the Summary of Rights emailed to you please contact customerservice@baradainc.com.
Applicant Release

For Consumer and Investigative Consumer Reports
information about my character, general reputation, personal
characteristics, and/or mode of living. I understand that the target of the
consumer report secured by the Archdiocese of Indianapolis will concern
only criminal history information unless I am specifically told otherwise.
Upon my written request within a reasonable period of time, a complete
disclosure of the nature and scope of that investigation will be made to me
in writing within five days of the date on which the request was received.

I further authorize Archdiocese of Indianapolis to request a consumer
report and/or investigative consumer report about me, for
employment/volunteering related purposes, at any time to the extent allowed
by law. I agree that this Disclosure and Release will be valid now or in the
future, in original, faxed, copied or electronic form.

I acknowledge that I have received a copy of the "Summary of Your Rights
Under the Fair Credit Reporting Act."

I understand that my date of birth will be used solely for identification

Name Nombre

First Name Primer | Middle Name Segundo | Last Name Apellido(s) | Suffix

Other Name(s)* Otro(s) Nombre(s)

Include name changes and/or aliases Incluya cambios de nombre o alias

Address* Domicilio

City Cuidad | State Estado | ZIP Code Código Postal

Phone* Numero de Telefono

Date of Birth* Fecha de Nacimiento
Social Security Number*

Numero de Seguro Social (si no
No hyphens or spaces

Email Address
Correo Electronico

Driver's License Number*
Numero de Licencia de Conducir (si no
tiene uno ponga (000000000)

Estado que emitió licencia

Driver's License State of Issuance

Name as it Appears on Driver's License
Nombre como aparezca en licencia

Primer Nombre

Segundo Nombre

Apellido(s)

Position Applied For*
Pocisión por la cual está aplicando

Previous Cities/States of Residence During Past 7 Years*
Ciudades/Estados donde ha residido en los últimos 7 años
You have the right to have this document made available to you in a nonelectronic format. If you wish to obtain a paper copy of this document, you may contact Barada Associates Inc. either in writing or by phone:

Barada Associates Inc.
130 East 2nd Street
Rushville, IN 46173
800.616.5917

You have the right to withdraw your consent to have this document provided or made available in an electronic format. If you wish to withdraw your consent, you must contact Barada Associates Inc. either in writing or by phone:

Barada Associates Inc.
130 East 2nd Street
Rushville, IN 46173
800.616.5917

Applicant Signature - By clicking on the 'I Agree' button, I am providing my consent and authorizing Barada Associates and its assignees or agents to prepare a consumer report or investigative consumer report about me, for employment or volunteering related purposes, at any time to the extent allowed by law, and acknowledging my receipt of the 'Summary of Your Rights under the Fair Credit Reporting Act.' This consent shall be valid for the preparation of consumer reports or investigative consumer reports now or in the future.*

Applicant's Initials* Iniciales de Aplicante

Please type your initials here to confirm the above electronic signature.

Today's Date* Fecha de hoy
09 [ ] 22 [ ] 2016 [ ]

California, Minnesota, and Oklahoma residents only: Iniciales de aplicante SOLO si reside en California Minnesota o Oklahoma

Escriba los números que ve en la foto (en SU pantalla)

1843 Privacy & Terms

Haga clic para someter

Submit