

Background Check Authorization

Print Name:

(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License
Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **The City of Maricopa** to conduct a comprehensive review of my background causing a consumer an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize Protect Youth Sports agency to divulge all written information pertaining to me, to the **City of Maricopa**. I further authorize the complete release of any records or data pertaining to me which the individual, company firm, corporation, or public agency may have, to include information or data received from other sources.

City of Maricopa and Protect Youth Sports representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.