

CONFIDENTIAL

Items that are **BOLDED** and have an **ASTERICK** next to them are required information. Failure to submit required information will result in denying to coach in our league or leagues.

Please return this form into the main office:
 1515 North Galloway Ave
 Mesquite, TX
 Fax Number (972) 216-8102
 Office Number (972)216-6260

Background Check Authorization

* **Print Name:** _____

* **Gender**

Male Female

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)

* **E-mail Address:** _____

* **Social Security Number:** _____ * **DOB:** _____

Telephone Number: _____

Drivers License Number/State: _____

TEAM INFORMATION										
Coach Name:	Division	League				Gender				
Team Name:	D1 D2	6	8	10	12	14	16	Teen	Boys	Girls

Event

- Basketball
- Volleyball
- Flag Football
- Futsal

The information contained in this application is correct to the best of my knowledge. I hereby authorize The City of Mesquite Parks & Recreation Department and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ 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 any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to The City of Mesquite Parks & Recreation Department or its agents. 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.

The City of Mesquite Parks & Recreation Department and its designated agents and 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: _____