



Hopewell Parks & Recreation 3245 National Background Screening Consent Form

Applicant's **Legal** Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name:

_____ Date: _____

Signature: _____

SSCI – America's #1 Choice in Background Screening for Parks and Recreation
Phone: 1-866-996-7412 Website: www.ssci2000.com Fax: 1-866-996-1292

CITY OF HOPEWELL
DEPARTMENT OF RECREATION AND PARKS
COACHES APPLICATION

Name _____ Age _____

Address _____ Phone _____

_____ e-mail _____

Occupation _____

Education _____

What sports have you played? _____

When and Where did you play? _____

List any coaching experience _____

State briefly why you want to coach _____

I hereby agree to abide by all the rules laid down by the Department's Athletic Program, to
conduct my coaching duties in an ethical manner and to work always for the benefit of those whom I coach.

Date _____

Signature _____

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FOR DEPARTMENT USE ONLY

_____ Approved

Comments

_____ Approved for later vacancy

Date _____

Athletic Director Signature _____