



Bixby Youth Football

Bixby Youth Football Background Check Authorization Form

I hereby authorize Background Checks Systems, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. 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, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Bixby Youth Football, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below; I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name (Print) _____
First Middle (full name) Last - Maiden

Print All Former Names Used: _____

Social Security Number: _____ - _____ - _____ SX: _____ Race: _____ D/O/B: _____

Drivers License Number: _____ State of Issuance: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Print Residences in the previous 10 years

- 1) Address: _____ City: _____ State: _____
Beginning: _____ Ending: _____
- 2) Address: _____ City: _____ State: _____
Beginning: _____ Ending: _____
- 3) Address: _____ City: _____ State: _____
Beginning: _____ Ending: _____
- 4) Address: _____ City: _____ State: _____
Beginning: _____ Ending: _____
- 5) Address: _____ City: _____ State: _____
Beginning: _____ Ending: _____

Applicant Signature: _____ Date: _____