CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM TO BE COMPLETED BY CANDIDATE

PLEASE PRINT ALL REQUESTED INFORMATION.

Name:		
Last	First	Middle
Other Name Used:		
Date of Birth://	Phone #: (]
Social Security #:		
Current Address:		
City:	State: Zi	p Code:
Email Required:		
Organization:	Team Name: _	
Sport Coached:	Position Held	:
conduct a security background ch my criminal history. I hereby rele (First Advantage) and its employe the Sayreville Recreation Departm complete, and correct to the best of	eck on me. I understand that this ase Sayreville Recreation Departes, from all liability resulting from the certify that the statements of my knowledge and belief, and	y authorize the (First Advantage), to scheck will cover information such as tment and its employees, as well as the om the furnishing of this information to smade by me on this form are true, are made in good faith. I understand in of position for which I am applying, or
Signature:		Date: / /