



CITY OF HOLLYWOOD YOUTH PROGRAM BACKGROUND CHECK APPLICATION

** Renewal applicants need to fill in shaded areas only.*

1. INSTRUCTIONS: All statements are subject to investigation. Exaggerated, false or misleading statements are cause for rejection. **PLEASE PRINT CLEARLY.** Attach any documents, commendations, etc, you feel will assist you in the evaluation. "Your social security number is requested for the purpose of conducting a background screening and will be used solely for this purpose."

Month	/	Date	/	Year	Position Applying For	Name of Program and Facility		
First Name			M.I.	Last Name		Social Security Number		
Present Address				City		County	State	Zip Code
() Contact Phone Number				Email Address		Date of Birth		
Driver's License Number				State	Expiration Date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer				Supervisor		() Phone		

2. LIST TWENTY (20) YEAR HISTORY OF PREVIOUS RESIDENCE IF NOT SAME AS PRESENT ADDRESS:

Previous Address	Years	City	County	State	Zip Code
Previous Address	Years	City	County	State	Zip Code
Previous Address	Years	City	County	State	Zip Code

(Attach additional sheets if needed)

3. LIST THREE (3) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS:

Name	Occupation	Years Known
Address		() Telephone
Name	Occupation	Years Known
		()

Address _____	Telephone _____
Name _____	Occupation _____
Address _____	Years Known _____ (_____) _____
	Telephone _____

4. ANSWER ALL ITEMS AND CHECK INFORMATION WITHIN EACH BLOCK:

1. List your previous experience coaching or working with youth:

_____	Year(s) _____	_____	Year(s) _____
Location and Position		Location and Position	

2. Have you ever been convicted of any criminal offense, pleaded guilty or nolo contendere, or found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended (list all offenses; attach additional sheets if needed)? YES NO

_____	_____	_____	_____
Date	Charge	Place	Current Status
_____	_____	_____	_____
Date	Charge	Place	Current Status
_____	_____	_____	_____
Date	Charge	Place	Current Status
_____	_____	_____	_____
Date	Charge	Place	Current Status

3. Have you ever suffered an adverse judgment, or settled a lawsuit that included a claim against you for an intentional tort (including, but not limited to assault, battery, false imprisonment, intentional infliction of distress, trespass, etc.)? YES NO

_____	_____	_____
Date	Court	Status/Disposition

5. YOUTH ORGANIZATION THIS APPLICATION WILL BE SUBMITTED BY:

<input type="checkbox"/> Department of Parks, Recreation & Cultural Arts	<input type="checkbox"/> Hollywood Wildcats
<input type="checkbox"/> Buccaneers Athletics Association	<input type="checkbox"/> Northeast Police Athletic League
<input type="checkbox"/> Driftwood Youth Sports	<input type="checkbox"/> Youth Sports of Hollywood

6. PUBLIC RECORD NOTICE:

Information provided on this form and discovered through the background check process may be subject to public disclosure in accordance with Florida State Statutes.

7. APPLICANT CERTIFICATION – READ CAREFULLY BEFORE SIGNING:

I hereby certify that I have a sincere interest in obtaining this position and that answers to questions herein and all other information otherwise furnished is true and correct. I understand that any incorrect, incomplete or false statements of information furnished may subject me to disqualification or discharge at any time.

_____	_____
Signature of Applicant	Date
_____	_____
Received by (Youth Sports Organization Representative or PRCA staff)	Date