

Central Nebraska Girls Softball Association (CNGSA) Investigative Background Check Form

This form is used by CNGSA to obtain criminal and background checks on all coaching applicants. The information provided on this form will be held in the strictest of confidence. Please complete all sections in LEGIBLE PRINT so that your paperwork can be processed in a timely manner. Your form will be returned (and your participation delayed) if the form is not completed fully and correctly.

Name: _____

 Last First Middle Maiden

Drivers License Number: _____ Issuing State: _____ Home Phone: _____

Date of Birth ____/____/____ Sex: Male or Female (Circle One)

Social Security Request and Statement of Purpose:

To comply with the Confidential Records Law, CNGSA does not require your Social Security Number on the Coaching Application Form. This form requests your Social Security Number because you are being considered for employment or volunteer placement. The Social Security Number is required to process the background investigation, which includes a criminal and civil background investigation and Social Security verification.

Social Security Number _____

*Please provide your residential addresses for the past 10 years. Addresses must be complete.

Current
Address: _____

 Street City State Zip

Length of Time at this Residence: _____

Previous Address: _____

 Street City State Zip

Length of Time at this Residence:

Prior Address: _____

Street

City

State

Zip

Length of time at this Residence: _____

Have you ever been convicted of any offense against the law (including traffic offenses)?

Yes ___ No ___

Have you ever served time in jail, prison, or been under house-arrest?

Yes ___ No ___

Are you currently under charges for any offense against the law?

Yes ___ No ___

Authorization of a Background Check:

I hereby certify, by my signature below, that the information I have provided is accurate and true to the best of my knowledge and I authorize CNGSA to conduct Criminal, Dept. of Corrections, and Sex Offender Registry Checks on my background while I am employed or volunteering with CNGSA. I understand that the disclosure of a record will not result in an automatic disqualification from employment or volunteering, but will be considered in relation to the specific position for which I am applying. I also understand that the failure to complete this form or providing false information will result in disqualification from employment or volunteering with CNGSA. I understand that CNGSA will routinely perform background checks during the period of employment or serving as a volunteer. Information found and not previously disclosed by me or information made available which was previously not disclosed will be used by CNGSA as a part of the determination of my eligibility to continue in my capacity with CNGSA. I have read and understand these requirements.

Applicant's Signature: _____ Date: ___/___/___