

**CONFIDENTIAL**

**BACKGROUND CHECK AUTHORIZATION**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_

Former Name(s) and Dates Used \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I herby authorize "City of Middleburg Heights Ohio" and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigate consumer report to be generated for employment and/or volunteer purposes. 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 and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to "City of Middleburg Heights Ohio" or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or date received from other sources.

"City of Middleburg Heights Ohio" and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Return this completed and signed form in a sealed envelope to the  
Community Center:  
ATTN: Athletic Department**