

## **NWRAA** Background Check Authorization

Print Name:				
	(First)	(Middle)	(Last)	
Current Address Sir	nce:			
	(Mo/Yr)	(Street)	(City)	(Zip/State)
Previous Address F	rom:			
	(Mo/Yr)	(Street)	(City)	(Zip/State)
Date of Birth:				
Drivers License Nur	nber/State:			
Have you ever beer	n convicted o	f a felony? (Circ	ele one) Yes or No	
If yes, explain charg	ies:			
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The information contained in this application is correct to the best of my knowledge. I hereby authorize Northwest Rankin Athletic Association and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative 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; employment history, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records.

Signature:	Date:	
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