



# National Background Check

(Print or complete online)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names: (Maiden, AKA, Alias, Etc.): \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip code

Email: \_\_\_\_\_ League: \_\_\_\_\_

Have you ever been convicted of any violations of the law other than a minor traffic violation:  Yes  No

**\*\* Important: Anyone who provides false information on the requested National Background Check form regarding any offenses may be disqualified. \*\***

If "Yes" Give details:

Place	Date	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the above information will be used to conduct a criminal records check. **I hereby give my permission for a criminal records check to be done Protect Youth Sports or any other law enforcement agency and I also authorize future background checks and/or annual updated background checks as needed.** I hereby certify that all statements made in this application are true and I agree and understand that any willful misstatements of material facts herein will cause forfeiture on my part of rights to volunteer or employment with the Lexington County Recreation & Aging Commission.

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

<p><b>For Hiring Department or Program Use (check one)</b></p> <p><input type="checkbox"/> Employee <input type="checkbox"/> Instructor/Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Youth Sports League Coach</p> <p>Department/Park or League Name: _____</p> <p>LCRAC Staff Contact (Required): _____ Phone: _____</p> <p><i>Send Completed Forms to Barry Belville: Athletics</i></p> <hr/> <p><b>For HR Use Only</b></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date Department Notified: _____</p>
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