



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
Present Address					City	County State Zip Code
()					Email Address	Date of Birth
Contact Phone Number						
Driver's License Number					State	Expiration Date
Employer					Supervisor	Gender Male Female
					()	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 _____	Years Known _____
Address _____	(_____) _____ Telephone	

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

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

Location and Position	Year(s)	Location and Position	Year(s)
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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
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5. YOUTH ORGANIZATION THIS APPLICATION WILL BE SUBMITTED BY:

- | | |
|--|--|
| <input type="checkbox"/> Department of Parks, Recreation & Cultural Arts
<input type="checkbox"/> Buccaneers Athletics Association
<input type="checkbox"/> Driftwood Youth Sports | <input type="checkbox"/> Hollywood Wildcats
<input type="checkbox"/> Northeast Police Athletic League
<input type="checkbox"/> Youth Sports of Hollywood |
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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
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Received by (Youth Sports Organization Representative or PRCA staff)	Date
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