

Background Check Authorization Form

(this form to be filled by the individual whose background is to be checked)

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

Last Name: \_\_\_\_\_

Other name(s) used in the past: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

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

State/Providence: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted or accused of any sex offender or crimes against children? \_\_\_\_\_

I hereby give Orangecrest Pony Baseball, Inc. to run a background check on the information provided in this form.

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

Print Name: \_\_\_\_\_

Team: \_\_\_\_\_

Division: \_\_\_\_\_