



Enriching Lives & Connecting Communities

Print Front and Back

National Background Check (Print or complete online)

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

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: [ ] Male [ ] Female

Phone Number: \_\_\_\_\_ Drivers License: \_\_\_\_\_ State: \_\_\_\_\_

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

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 will automatically be disqualified. \*\*

If "Yes" Give details:

Table with 4 columns: Place, Date, Charge, Disposition

I understand that the above information will be used to conduct a criminal records check and I hereby give my permission for a criminal records check to be done through the National Background Check or any other law enforcement agency. 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 Richland County Recreation Commission.

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

For Hiring Department or Program Use (check one) [ ] Employee [ ] Instructor/Contractor [ ] Volunteer [ ] RCRC Park Coach [ ] Community Athletic League Coach Department/Park or League Name: \_\_\_\_\_ RCRC Staff Contact (Required): \_\_\_\_\_ Phone: \_\_\_\_\_ Send Completed Forms to Debbie Williams - Finance

For HR Use Only [ ] Approved [ ] Disapproved Date Department Notified \_\_\_\_\_