

Troy Junior Baseball - Coaching Background Check

PLEASE **PRINT** CLEARLY, fill out top of form, read, and sign.

Return to a TJB Board member or you can mail to: TJB, PO Box 892, Troy, OH 45373

TJB will take form to the Sheriff's Office for verification; please **do not** do this yourself.

Name: _____ Also Known As: _____
First Middle Initial Last e.g. shortened versus formal name Tom vs Thomas

Drivers License #: _____ State: _____ DOB: mm / dd / yy

SSN: - - (OPTIONAL - Consider if you have a common name, e.g. Robert Smith, James Jones, etc.)

Addresses for past 5 years

Current Address: _____ How long? ____ yrs ____ mon

Previous Address: _____ How long? ____ yrs ____ mon

Previous Address: _____ How long? ____ yrs ____ mon

Years at Current Employer: _____ yrs Years at Previous Employer: _____ yrs

NOTE: Company name or ownership change does not restart your time with an employer

League(s) Coaching for (circle all that apply): T-Ball J-Ball Minor Major Teener BOARD

I have applied for a coaching position with **Troy Junior Baseball**. I have been advised and am fully aware that Troy Junior Baseball will be conducting an investigation of my background to assist in determining my suitability for this position **with child interactions**. I authorize release of any confidential records and information that they want in connection with my application for coaching.

I hereby waive all provisions of law forbidding the Miami County Sheriff Department from disclosing any knowledge or information that they have concerning me which is requested. I hereby give consent and request the Miami County Sheriff Department disclose any such knowledge or information that they have regarding me.

Applicant Signature: _____ Date: mm / dd / yy

~~~~~ (For Sheriff's Office Use Only) ~~~~~

Officer: \_\_\_\_\_

Date: mm / dd / yy Offense: \_\_\_\_\_ Disposition: \_\_\_\_\_