

Carolina Mustangs Athletic Association Coaches Application

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

E-Mail Address: _____

INTERESTS & EXPERIENCE

Playing Experience (High School, College, Professional):

Sport(s) you are interested in coaching: _____

Coaching Experience:

PERSONAL

Marital status: _____ Occupation: _____

Number of Children & ages: _____

REFERENCES

Please provide names and phone numbers of the following with whom you have worked or known in the last five years.

Pastor: _____

Friend: _____

Professional (business): _____

Carolina Mustangs Athletic Association

Coaches Application

Candidate Disclosure and Criminal Background Check Authorization

(This form authorizes CMAA to obtain background information and must be completed by the applicant. CMAA must keep this completed form on file for at least five years after requesting a background check.) In the interest of safety and security, I, the undersigned applicant (also known as “consumer”), authorize CMAA to procure background information (also known as a “consumer report and/or investigative consumer report”) about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to CMAA if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____

Date: _____

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Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name:

First: _____ Middle: _____ Last: _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____ Dates: _____

City: _____ State: _____ Zip Code: _____ County: _____

Former Address: _____ Dates: _____

City: _____ State: _____ Zip Code: _____ County: _____

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____

Date of Birth: _____ Gender: _____