

Crossover Basketball League Background Check Instructions

1) Complete form and place in envelope.

2) Seal the envelope and on the front of the envelope write:

“Crossover Basketball League Background Check – Attention Carol Lee”

3) Return the sealed envelope to:

A) Your division coordinator

B) Drop envelope off at First Presbyterian Church Hayward

2490 Grove Way – Corner of Redwood Road and Grove Way, Behind Trader Joe’s) during regular office hours:

Sunday - 8:45 a.m. - 12:00 p.m.

Monday – Thursday - 8:30 a.m. – 4:30 p.m.

Friday - 8:30 a.m. – 1:00 p.m.

Closed Saturdays

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant.
The church must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize _____ through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. 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 _____, 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: _____

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: _____
Street / P. O. Box City State Zip Code County Dates

Former Address: _____
Street / P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender: _____