



**Town of Secaucus  
Department of Recreation**

**Coach Application**

**Please complete all page of the application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female  Other

Sport/Season: \_\_\_\_\_ Position: \_\_\_\_\_ Age Group/Team: \_\_\_\_\_

Have you coached for Secaucus in the past?  Yes  No

If yes, what team/sport: \_\_\_\_\_

Do you have children in the program?  Yes  No

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Please answer the following questions:**

Have you ever been charged or convicted of a crime?  Yes  No

If yes, please explain in detail: \_\_\_\_\_

Have you ever been involved in an incident involving child abuse or neglect?  Yes  No

If yes, please explain in detail: \_\_\_\_\_

Have you ever had, or do you have a problem with drugs and/or alcohol?  Yes  No

If yes, please explain in detail: \_\_\_\_\_

## Acknowledgment and Authorization for Background Check

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and the DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Town of Secaucus at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Data Access Inc, phone: 973-774-0030, Fax: 973-440-1777, 999 McBride Avenue, Woodland Park, NJ 07424 and/or the Town of Secaucus itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I am authorizing Data Access Inc to conduct the background check(s) described above.

Applicant Signature: \_\_\_\_\_

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

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### Please PRINT clearly:

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State held: \_\_\_\_\_

### Please list all prior residencies in the past seven (7) years:

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years there: from \_\_\_\_\_ to \_\_\_\_\_

Previous Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years there: from \_\_\_\_\_ to \_\_\_\_\_

Previous Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years there: from \_\_\_\_\_ to \_\_\_\_\_