



South St. Paul Parks and Recreation Department
125 Third Avenue North
651-366-6200

Football Coaching Application

Date: _____

Position Applying for: _____ Head Football Coach Level: _____
 _____ Asst. Football Coach Level: _____

If assisting please list name of head coach or leave blank if unknown: _____

Coach Name: _____

Address: _____

Home Phone: _____ **Work:** _____ **Cell:** _____

E-Mail: _____

Please list name (s) of children and level of participation in football:

List any experience you have that would assist you in coaching or asst. coaching youth football: (ex: coaching experience, player etc.)

The South St. Paul Parks and Recreation Department requires background checks to be performed on any person (s) working or coaching youth activities. Please fill out the attached form along with this application and return it to the Parks and Recreation Department as soon as possible. Persons wishing to coach must be approved before working with youth.



CITY OF SOUTH ST. PAUL
BACKGROUND INVESTIGATION AUTHORIZATION FORM
 AUTHORIZATION TO COLLECT, USE, AND RELEASE INFORMATION

JOB INFORMATION:

<i>Position Applying For:</i>	
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IDENTITY INFORMATION:

Full Last Name	Full First Name	Full Middle Name	
<i>List any OTHER names you currently use or have used in the past (examples: maiden name, names from previous marriages, hyphenated names, nicknames, shortened names, aliases, etc.):</i>			
<i>Date of Birth*</i>		<i>Social Security Number</i>	
<i>Race*</i>		<i>Gender*</i>	

**This information will be used for background report purposes only and will not be used in employment determinations.*

CONTACT INFORMATION:

<i>Email Address:</i>			
<i>Mobile Phone Number:</i>		<i>Other Phone Number:</i>	

ADDRESS HISTORY INFORMATION:

<i>Please list ALL addresses you have had during the past 10 years, including residence addresses, P.O. boxes, etc. (attach additional sheets, if necessary):</i>				
	Street Address (or P.O. Box)	City	State	Zip Code
Current				
Previous				
Previous				
Previous				

DRIVER'S LICENSE INFORMATION:

Driver's License Number	State Issued	Expiration Date

Authorization for Background Report. I understand the City of South St. Paul must review relevant background information about candidates to ensure the selection of appropriate employees. I also understand that the City may extend a preliminary job offer that will be contingent on successful completion of these reviews. I therefore voluntarily consent to and authorize the City of South St. Paul to

proceed with a background report as a precondition to employment. I understand the background review may include explanation and verification of criminal history, motor vehicle records, military service, credit history, credentials, education and employment history, and references accessed through public and private records. I understand that if I am rejected as a candidate for the position because of the background report results, I will be notified in writing and will be given any right of complaint or grievance afforded by MN Statute Chapter 364 (with the exception of law enforcement and fire personnel as excepted by MN Statute Chapter 364.09). I understand that information accessed about me is private data and may be released only pursuant to the statutory provisions of MN Statutes Chapter 13. I understand that a summary of the private data may be released to the hiring authority, including the City Council, City Administrator, or other City staff involved in the hiring process.

I understand that the City of South St. Paul will use Verified Credentials, Inc., 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934, to obtain Background Reports about me. I also authorize any person or entity, including courts, law enforcement agencies, government agencies, schools, information service bureaus, employers, and insurance companies, to furnish to Verified Credentials, Inc. all background information about me that may have.

I understand that my employment with the City of South St. Paul depends upon successful completion of this background check. If employed, I understand that any falsification, misrepresentation, or omission of facts relevant to this record may be considered grounds for disqualification, release, or dismissal.

I agree that facsimile, electronic, and photographic copies of this authorization shall be as valid as the original.

<i>Applicant Signature:</i>	<i>Date:</i>
<i>Parent Signature, if under the age of 18:</i>	<i>Date:</i>

This release shall be valid for one year after the date of signing, but may be revoked at any time by the applicant.