



World Champion Football League

"Beyond your potential"

®

WORLD CHAMPION FOOTBALL LEAGUE

Background Check Authorization Form.

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM:

I affirm that all of the information provided in this background check authorization form is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this form, including a criminal background check. I understand that any false or incomplete information may disqualify me from further consideration for my selection in any involvement or coaching with the WCFL and may result in immediate termination of me being selected if discovered at a later date.

I authorize the investigation of any or all statements contained in this form and also authorize any person, educational institution, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a decision on me Coaching, Officiating, or Volunteering for the WCFL. I release such persons and organizations from any legal liability in making such statements.

This information is provided solely for the purpose of conducting a background check.

Last Name: _____

First Name: _____

Middle Name: _____

Social Security Number: _____

City: _____

Driver's License No.: _____

Street Address: _____

Zip Code: _____

State: _____

Driver's License State: _____

Date of Birth: (/ /) Race: Gender:

Other or Former Names: _____

Male or Female

I have read and understand the above statements.

I affirm the above statements to be true.

Signature: _____ Date: _____

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