



City of Troy Background Check Authorization Form

The City of Troy Recreation Department processes a Background Check on all paid and volunteer staff that comes in contact with children as part of their responsibilities. Please complete and return the bottom portion of this form. By signing the form you acknowledge and understand that a background check will be processed. Thank you.

-----**Detach and return bottom portion**-----

Background Check Authorization

Name: Last _____ First (full) _____ MI: _____

Maiden Name: _____ City: _____ Zip Code: _____

Date of Birth: _____ Age _____ Gender: Female Male

National Origin: American Indian/Alaskan Native Asian/Pacific Islander
 Black White

Recreation Supervisor's Name: _____

I authorize the City of Troy to investigate my background as is determined necessary for the particular activity for which I am applying.

Signature (Parent or guardian if under 18) Date

These items are required to enable the City of Troy to conduct accurate background checks and will be used only for that purpose. The City of Troy fully supports and complies with the laws which are enacted to protect and safeguard the rights and opportunities of all people, without being subjected or exposed to harassment or discrimination of any kind, including age, national origin, sex, race, religious affiliation, color, height, weight, or marital status.