

TOWN OF CHEEKTOWAGA YOUTH & RECREATIONAL SERVICES DEPARTMENT

**AUTHORIZATION FOR CONDUCTING
CRIMINAL HISTORY AND SEX OFFENDER BACKGROUND CHECKS
FOR APPLICANTS SEEKING A JOB WITH THE TOWN OF CHEEKTOWAGA
YOUTH AND RECREATIONAL SERVICES DEPARTMENT**

The Town of Cheektowaga has established a written policy that requires that the Youth and Recreational Services Department must conduct various background checks, including criminal history and Sex Offender Registry checks, on all applicants for all positions (full-time and part-time) in this department. Some of these checks are required by State law; others have been recommended by the State Comptroller's Office. All applicants are required to provide the following information and sign this authorization as part of the application for a job.

FULL (Proper) NAME _____
Also known as _____
Maiden Name _____
Other Names known by in the past 10 years _____

ADDRESS _____

If less than 5 years at the current address, please provide the previous address(es):

HOME PHONE _____ CELL PHONE _____
SSN _____ DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER _____ ISSUING STATE _____

Do you authorize the Town of Cheektowaga to conduct background checks as follows?

- Criminal history background check
- U.S. Department of Justice Sex Offender Registry
- NYS Division of Criminal Justice Services Sex Offender Registry
- NYS Child Abuse and Maltreatment Registry

YES _____ NO _____

Do you authorize the Town of Cheektowaga to verify all of the information supplied on your application?

YES _____ NO _____

PRINT YOUR NAME _____

SIGN HERE (Parent/Guardian if applicant is under the age of 18)

DATE _____

ALL INFORMATION OBTAINED WILL BE KEPT CONFIDENTIAL