Western States Hockey League
Team Staff Screening Program
2010-2011 Season

The following information **"must"** be completed by all team staff that has active participation with players on the team, which includes the following as example:
Coaches
Trainers/Medical Staff
Managers
Equipment Personnel
Billet Manager
Billet Parents
Board of Governor
Team Owner

Staff Member:

Last Name:_____First Name:_____

Middle Name:_____Name Suffix(if any):_____

Other Last Name if used:_____

Other First Name if used:_____Other Middle Initial_____

Social Security Number:_____Sex:_____Date of Birth:_____

Street Address:_____Apt:_____

City:_____Zip:_____County:_____

Phone:_____

Drivers License Number:_____

Employer:_____City:_____

Employment Position:_____Date of Employment:_____

Team:_____Staff Position Held:_____

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Western States Hockey League ("the Company") may obtain information about you for employment/volunteer purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108,1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company 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 LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108,1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO STATE LAWS.

Last Name:_____ **First Middle:**_____

Signature: _____**Date:**_____

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW as well as other States

Western States Hockey League (the "Company") intends to obtain information about you for employment screening purposes including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making decisions regarding your participation as a adult employee or volunteer with the "Company" and its Affiliates.

"Proper Identification" is required and includes documents such as a valid driver's license, social security account number, military identification card. Only if you cannot identify yourself with such information may the "Company" require additional information concerning your employment and personal or family history in order to verify your identity.