



DISTRICT: _____

PROGRAM: _____

SEASON: _____

AHACM/MASS HOCKEY has been certified by the Criminal History Systems Board for access to conviction data. As an applicant/employee for the position of _____ I understand a criminal record check will be conducted for conviction information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME: FIRST NAME: MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE) SEX: M F

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

REQUESTED BY: _____

SIGNATURE OF MASS HOCKEY CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____

NO RECORD: _____