



**CONSHOHOCKEN YOUTH FOOTBALL ASSOCIATION**  
**POST OFFICE BOX 465**  
**CONSHOHOCKEN, PA 19428**  
**610-825-0824**

**PERSONAL INFORMATION**

LAST NAME: <i>(PRINT CLEARLY)</i>		FIRST NAME:		MIDDLE NAME:	
MAIDEN NAME &/or ALIASES:		SOCIAL SECURITY NUMBER:		D.O.B.:	GENDER:
RACE:		ADDRESS:		CITY:	STATE:
ZIP:		E-MAIL ADDRESS:		HOME PHONE:	WORK PHONE:
CELL PHONE:		EMPLOYER:			

**REFERENCES**

REFERENCE #1 NAME: <i>(PRINT CLEARLY)</i>	PHONE:
REFERENCE #2 NAME:	PHONE:
REFERENCE #3 NAME:	PHONE:

**EXPERIENCE**

LIST THE LAS 5 YEARS OF EXPERIENCE:

ORGANIZATION	YEAR	POSITION HELD

**POSITION REQUESTED**

GROUP:	POSITION:
<input type="checkbox"/> FOOTBALL <input type="checkbox"/> CHEERLEADING	<input type="checkbox"/> HEAD COACH <input type="checkbox"/> ASST. COACH
WEIGHT CLASS:	
1 <sup>ST</sup> CHOICE _____	2 <sup>ND</sup> CHOICE _____
3 <sup>RD</sup> CHOICE _____	

**AGREEMENT**

IN APPLYING FOR THE POSITION THAT I HAVE CHOSEN, I UNDERSTAND THE RESPONSIBILITIES OF THE POSITION THAT I HAVE APPLIED FOR. I ALSO UNDERSTAND THAT BY SIGNING BELOW, I HEREBY AGREE TO GIVE THE CONSHOHOCKEN YOUTH FOOTBALL ASSOCIATION PERMISSION TO PERFORM A BACKGROUND CHECK.

\_\_\_\_\_  
 APPROVAL SIGNATURE

\_\_\_\_\_  
 DATE

**CYFA USE ONLY**

BACKGROUND CHECK RESULT:	DATE:	CHECKED BY:
<input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD		
REFERENCE CHECK #1:	DATE:	CHECKED BY:
<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE		
REFERENCE CHECK #2:	DATE:	CHECKED BY:
<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE		
REFERENCE CHECK #3:	DATE:	CHECKED BY:
<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE		
POSITION ASSIGNED TO:	WEIGHT CLASS ASSIGNED TO:	
<input type="checkbox"/> HEAD COACH <input type="checkbox"/> ASST. COACH		