

CITY OF PEMBROKE PINES  
PARKS AND RECREATION DEPARTMENT  
501 SW 172nd Avenue  
PEMBROKE PINES, FLORIDA 33029

**PERSONAL INQUIRY WAIVER  
AUTHORITY FOR RELEASE OF INFORMATION**

TO: Concerned persons or authorized representatives of any organization, institution or repository of records.

(Please Print Clearly)

Applicants Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN:\* \_\_\_\_\_  
(Last, First, MI)

Alias: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Sex: male \_\_\_\_\_ female \_\_\_\_\_ Race: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I respectfully request and authorize you to furnish the City of Pembroke Pines any and all information that you may have that will assist the City in conducting a criminal background check on me. This information is to be used to assist the City in determining my qualifications for the volunteer position I am seeking.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above. A photocopy of this waiver is as valid as the original.

Have you ever been convicted of any criminal offense, plead guilty or nolo contendere, or found guilty of a criminal offense even though adjudication was withheld or sentence was suspended? \_\_\_\_\_ (yes or no)

I hereby certify that I have a sincere interest in obtaining this position and that the answers to questions herein and all other information otherwise furnished are true and correct. I understand that any incorrect, incomplete or false statements of information may subject me to disqualification or discharge at any time. I authorize Top-Notch Investigations or its agents to investigate all statements contained in the application and the above information. A photocopy of this waiver is as valid as the original.

**List previous addresses over the past five years**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's current phone number

\_\_\_\_\_  
Team, League or Program

**Back ground Fee is \$25 and please make check payable to Comets Swim Team**

**\*The City of Pembroke Pines requests your social security number in order to assist the City in verifying the personal information provided, and to assist the City in conducting an accurate criminal background check.**