UBOA | Utah Basketball Officials Association

OFFICIALS BACKGROUND SCREENING PROGRAM

Applicant Personal Information Sheet

CONFIDENTIAL

Complete every field in Sections A through F. Information must exactly match your government-issued identification. Incomplete or illegible submissions cannot be processed and will delay your assignment eligibility. Fields marked * are required.

Once completed, email this form to Fred@Utahbasketballofficialsassociation.com

SCREENING REFERENCE NO. (IF ISSUED) | DATE SUBMITTED * | UBOA CHAPTER / REGION *

SECTION A — LEGAL IDENTITY

Enter your full legal name as it appears on your driver license, state ID, or passport. Nicknames and shortened forms will cause a search mismatch.

LEGAL LAST NAME * | LEGAL FIRST NAME * | MIDDLE NAME | SUFFIX

DATE OF BIRTH (MM/DD/YYYY) * | SOCIAL SECURITY NUMBER * | PLACE OF BIRTH (CITY) | BIRTH STATE / COUNTRY

OTHER NAMES USED

List every maiden name, former married name, legal name change, and alias used in the last seven years. Write "None" if not applicable.

OTHER NAME 1 (FIRST, MIDDLE, LAST) | DATES USED (FROM - TO) | REASON (MAIDEN, COURT ORDER, ETC.)

OTHER NAME 2 (FIRST, MIDDLE, LAST) | DATES USED (FROM - TO) | REASON (MAIDEN, COURT ORDER, ETC.)

SECTION B — IDENTIFICATION & CONTACT

DRIVER LICENSE / STATE ID NUMBER * | ISSUING STATE * | EXPIRATION DATE | ID TYPE

MOBILE PHONE * | ALTERNATE PHONE | PREFERRED CONTACT METHOD

EMAIL ADDRESS * | EMERGENCY CONTACT NAME & PHONE

MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE | BEST TIMES TO REACH YOU

Continue to Section C on page 2. Your Social Security number and date of birth are collected only to match court and registry records accurately and to prevent false identification against someone with a similar name. They are shared only with the consumer reporting agency conducting the search and are not stored in UBOA assignment systems.

SECTION C — ADDRESS HISTORY — PAST SEVEN YEARS

County-level criminal records are searched by jurisdiction of residence. Account for the full seven-year period with no gaps. Attach a signed continuation sheet if you need more space.

CURRENT ADDRESS

STREET ADDRESS * | APT / UNIT | YEARS AT ADDRESS

CITY * | STATE * | ZIP CODE * | COUNTY * | MOVE-IN (MM/YYYY)

PREVIOUS ADDRESS 1

STREET ADDRESS | APT / UNIT | COUNTY

CITY | STATE | ZIP CODE | FROM (MM/YYYY) | TO (MM/YYYY)

PREVIOUS ADDRESS 2

STREET ADDRESS | APT / UNIT | COUNTY

CITY | STATE | ZIP CODE | FROM (MM/YYYY) | TO (MM/YYYY)

SECTION D — OFFICIATING PROFILE

UBOA MEMBER / OFFICIAL ID | YEARS OFFICIATING | ROLE APPLIED FOR

SPORT(S) OFFICIATED | LEVELS WORKED (YOUTH, MIDDLE SCHOOL, HIGH SCHOOL, COLLEGE)

ASSOCIATIONS, LEAGUES, AND SCHOOL DISTRICTS WORKED IN THE PAST FIVE YEARS

Have you previously completed a background check for UBOA or another officiating body? ○ Yes ○ No

IF YES, ORGANIZATION | APPROXIMATE DATE COMPLETED

SECTION E — SELF-DISCLOSURE

Answer each question truthfully. A disclosed record is reviewed individually and is not an automatic disqualification. A false or omitted answer is itself grounds for denial or removal. Do not disclose sealed, expunged, or juvenile-adjudicated records.

Have you ever been convicted of, or pleaded guilty or no contest to, a felony?	○ Yes ○ No
Have you ever been convicted of, or pleaded guilty or no contest to, a misdemeanor involving violence, theft, fraud, weapons, or controlled substances?	○ Yes ○ No
Have you ever been convicted of any offense involving a minor, or any sexual offense?	○ Yes ○ No
Are you currently charged with, or under indictment for, any criminal offense?	○ Yes ○ No
Are you required to register on any sex offender or child abuse registry in any state?	○ Yes ○ No
Have you ever been the subject of a substantiated finding of child abuse or neglect by any state agency?	○ Yes ○ No
Have you ever been suspended, removed, banned, or asked to resign by any school, league, club, or officiating association?	○ Yes ○ No
Has any professional, teaching, coaching, or officiating license or certification of yours ever been revoked, suspended, or denied?	○ Yes ○ No
Is there any active protective order or no-contact order against you?	○ Yes ○ No

EXPLANATION OF ANY "YES" ANSWER

For each "Yes," give the question number, the offense or finding, the date, the city/county/state, the court or agency, and the disposition.

SECTION F — APPLICANT CERTIFICATION

I certify that the information provided on this form is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or material omission may result in denial of my application and removal from UBOA assignments, whenever discovered. I agree to notify the UBOA screening administrator in writing within five (5) days of any arrest, charge, conviction, or registry finding occurring after the date below.

INDEPENDENT CONTRACTOR ACKNOWLEDGMENT

I understand that officials, evaluators, and assignors who accept UBOA assignments do so as independent contractors, not as employees of UBOA, of any member school or district, or of any league or host site. I am responsible for my own federal, state, and self-employment taxes and am not eligible for employee benefits, workers' compensation coverage, or unemployment insurance through UBOA except as required by law.

☐ **I have read and understand the acknowledgment above.**

INITIALS *

APPLICANT SIGNATURE *

PRINTED FULL NAME *

DATE *

This page is a standalone document as required by the federal Fair Credit Reporting Act. It contains only the disclosure and your authorization, and nothing else.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Utah Basketball Officials Association ("UBOA" or "the Association") may obtain a consumer report and/or an investigative consumer report about you for purposes related to your eligibility to serve as an official, evaluator, assignor, board member, trainer, or volunteer. These reports may be obtained at any time before or during the period you serve in such a capacity.

These reports may include information about your character, general reputation, personal characteristics, and mode of living, and may contain information regarding your criminal history, sex offender and child abuse registry status, motor vehicle and driving records, identity verification and address history, education and licensing verification, and, where permitted by law, employment history and civil court records. Information may be obtained from federal, state, county, and municipal court records, law enforcement and correctional agencies, government registries, educational institutions, prior employers, and other lawful sources, including personal interviews with sources who may have knowledge of the items above.

You have the right, upon written request made within a reasonable time, to request a complete and accurate disclosure of the nature and scope of any investigation, together with a written summary of your rights under the Fair Credit Reporting Act. If any information in the report may result in an adverse decision, you will be provided a copy of the report and a written summary of your rights before that decision is made final.

AUTHORIZATION

I have read and understand the disclosure above. I authorize UBOA and its designated consumer reporting agency to obtain the reports described, and I authorize all persons, schools, companies, agencies, courts, and law enforcement authorities to release information about me to that agency. This authorization remains valid throughout my association with UBOA to the extent permitted by law, and I understand I may revoke it prospectively by written notice at any time.

Additional state notices (check the box that applies to you):

- ☐ California, Minnesota, or Oklahoma applicant — check here to receive a free copy of your report.
- ☐ New York applicant — check here to receive a copy of Article 23-A of the NY Correction Law.

STATE OF RESIDENCE	LAST 4 OF SSN (VERIFICATION)	DATE OF BIRTH

APPLICANT SIGNATURE *	PRINTED FULL NAME *	DATE *

Return this page together with pages 1 through 3, and page 5 if used. Retain a copy for your records. A written summary of your rights under the Fair Credit Reporting Act is provided with this form as a separate attachment.

SECTION G — CONTINUATION SHEET

Use this page only if you ran out of space in Section A or Section C. Sign and date at the bottom of this page so it can be matched to your file.

ADDITIONAL NAMES USED

OTHER NAME 3 (FIRST, MIDDLE, LAST) | DATES USED (FROM - TO) | REASON

OTHER NAME 4 (FIRST, MIDDLE, LAST) | DATES USED (FROM - TO) | REASON

ADDITIONAL PREVIOUS ADDRESS 3

STREET ADDRESS | APT / UNIT | COUNTY

CITY | STATE | ZIP CODE | FROM (MM/YYYY) | TO (MM/YYYY)

ADDITIONAL PREVIOUS ADDRESS 4

STREET ADDRESS | APT / UNIT | COUNTY

CITY | STATE | ZIP CODE | FROM (MM/YYYY) | TO (MM/YYYY)

APPLICANT SIGNATURE | PRINTED FULL NAME | DATE

FOR UBOA OFFICE USE ONLY — APPLICANT: DO NOT WRITE BELOW THIS LINE

RECEIVED BY | DATE RECEIVED | VENDOR / ORDER ID | RESULT

PRE-ADVERSE NOTICE SENT | APPLICANT RESPONSE DUE | FINAL ADJUDICATION BY / DATE

ADJUDICATION NOTES