



A Community of Caring People Who Support Families, Build Character, and Promote Wellness

Notice and Authorization Concerning Consumer and Investigative Consumer Reports

This form, which you should read carefully, has been provided to you because the YMCA may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the YMCA, if any, for purposes of evaluating your suitability for employment, promotion, reassignment, or retention as an employee. Additionally, in the event that claims or disputes between you and the YMCA are filed with any third parties, the YMCA may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the YMCA at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your coworkers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

Authorization

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the YMCA (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the YMCA by me before, during, or after my employment, if any, may be used for the purpose of obtaining the consumer reports or investigative consumer reports requested by the YMCA and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the YMCA, my employment will not be for a specified period and can be terminated at any time for any reason, with or without cause or notice, by me or by the YMCA.

Name (printed)

Social security number

Driver's license number

Date of birth (month/date/year)

Signature

Date

Name of county/state in which you reside