

YMCA OF METROPOLITAN WASHINGTON EMPLOYMENT CONSENT FORM

In connection with my application for employment and/or continued employment, I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me, including my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, sex offender registry, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics or mode of living, and trustworthiness. These reports may include employment and credit experience along with reasons for termination of past employment.

I hereby authorize and consent to the Young Men's Christian Association of Metropolitan Washington's (the YMCA") procurement of consumer and/or investigative consumer reports. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment.

I understand that, pursuant to the federal Fair Credit Reporting Act, the YMCA will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the YMCA. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report. I have the right to make a request of Employment Screening Alliance, Inc. (or such other credit reporting agency that produced the report), upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I hereby release Employment Screening Alliance, Inc. (or such other credit reporting agency that produced the report), the YMCA, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

I agree that a copy or fax of this document shall be as valid as the original.

Please print:

Full Name _____

Street Address _____

City _____ State _____ ZIP _____

Social Security Number _____ - _____ - _____ DOB _____ / _____ / _____ Contact # _____

Drivers License: State _____ Number _____

Position _____ ☐ Full-Time ☐ Part-Time

For identification purposes only:

Other or former names: _____

Professional License: State: _____ Type: _____ Number: _____

Applicant Signature: _____ Date: _____