

AUTHORITY TO RELEASE INFORMATION

Northfield Area Family YMCA

I understand that in processing my application, an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement of other governing agencies. I authorize you to verify my past employment and education, criminal records, national sex offender records, credit history, motor vehicle records, personal references and other job-related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions, or agencies to release information and I release them from any liability as a result of such inquiries or disclosures. I have the right under the "Fair Credit Reporting Act" to make a written request within a reasonable period to receive detailed information about the nature and scope of this investigation.

I agree that any decision to hire me is contingent upon the results of my investigation report. I also understand that false or misleading statements in this application or concealment of requested facts might be considered cause for dismissal.

In order for this investigative report to be completed, the YMCA of Greater Saint Paul, YMCA of Metropolitan Minneapolis will need me to provide my Social Security number, date of birth and the other information requested on the reverse side of this form. I understand that my failure to completely and accurately complete this form, or my misrepresentation or omission of any facts called for therein, may result in termination of employment or the withdrawal of any job offer.

I have been advised that a conviction does not automatically mean that I will not be offered a job. The nature of the conviction, the circumstances surrounding the conviction and how long ago the conviction occurred are all factors that will be evaluated. I further understand this information will be used only for the limited purpose of preparing the investigative report.

I would like to receive a copy of my investigative report sent to my current address:

Yes No

Full Name: _____
(Typed or printed)

Signature: _____ Date: _____

REQUIRED INFORMATION FOR CRIMINAL RECORD CHECK

Name: _____
 First Middle Last-Maiden

Known By: _____

Other Names: _____

Current Address: _____
 City State Zip

All Previous Addresses for the last 7 (seven) years:

Address: _____
 City State Zip

Address: _____
 City State Zip

Address: _____
 City State Zip

Address: _____
 City State Zip

Date of Birth: _____ Social Security Number: _____

Have you ever pleaded guilty to, or been convicted of, a Misdemeanor or Felony Crime? (DUI's, Driving Violations, Misconduct, etc.) _____ Yes _____ No

If yes, give details, including the date, city, county, and state in which the conviction occurred. _____

"A conviction is not an automatic bar to employment. This information will be used only for the limited purpose of conducting a criminal record check."