



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Background Screening Acknowledgement and Authorization

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by the Kennebec Valley YMCA. I agree that a facsimile (“fax”) or electronic or photographic copy of this authorization shall be as valid as the original. By signing this release, I authorize the Kennebec Valley YMCA to run regular background checks throughout my employment.

➤ Signature: _____ Date: _____

➤ Print Legal Name: _____
First Middle Last

➤ Maiden Name (if applicable): _____

➤ Address: _____
Street City State Zip

➤ Social Security Number: _____ Date of Birth: _____
*This information will be used for background screening purposes only.

➤ Driver’s License Number: _____ DL State: _____

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