

**YMCA OF THE CAPITAL AREA
PRE-EMPLOYMENT DISCLOSURE
AUTHORIZATION TO RELEASE INFORMATION**

I understand that in connection with my application for employment, and/or continuous employment, YMCA of the Capital Area, **IntelliCorp Records, Inc.**, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, criminal and credit histories and such other information the ("Information") as may be required.

I understand that Employer may rely on any part or all of this Information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by Employer, or if Employer chooses not to extend an offer of employment to me based upon the information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check which may be performed by investigators is being performed as part of the pre-employment process to evaluate me for employment and is not conducted for any other purpose other than in connection with my application for employment.

I have read this Pre-Employment Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment. I hereby release Investigators from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application for employment with Employer. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Applicant Signature

Date

Printed Name (First, Middle, Last)

Social Security Number

Date of Birth

Gender (Male / Female)

Maiden Name (if applicable)

Driver's License #

Exp. Date

Driver's License Issuing State

Current Address, City, State, Zip Code

Dates Lived Here

Addresses for the Past Seven (7) Years: Please Print
(*Include street name and street number, city, state, zip code)

Dates of Residence

Branch Name: _____

Dept.: _____

Date: _____

***** Fax to: METRO OFFICE – (225) 924-3609 or email tmeloche@ymcabr.org**

PRE-EMPLOYMENT APPLICATION PROCESS

SEND **SIGNED DOCUMENTS** WITH THIS COVER SHEET
VIA CONFIDENTIAL FAX **(225) 924-3609** OR INTEROFFICE MAIL TO:

HUMAN RESOURCES DEPARTMENT
ATTN: HUMAN RESOURCES DIRECTOR

(Check to verify that all documents are completed in full and signed):

_____ Application of Employment (front and back page)
_____ Pre-Employment Disclosure Authorization to Release Information

Applicant's Full Name: _____
(Print - First, Middle, and Last Name)

Branch Name: _____ Department: _____

Submitted by: _____ Date: _____
Hiring Supervisor - Print Name

Send via Human Resources Department **tmeloche@ymcabr.org** or **fax # (225) 924-3609** or Interoffice Mail.

DO NOT WRITE BELOW THIS LINE

Human Resources Department - complete information below: DATES

Received in Human Resources Dept.: _____

Entered via IntelliCorp Records, Inc.: _____

Family WatchDog Site Checked: _____

Information Retrieved from IntelliCorp Records, Inc.: _____

Drug Screen (Passed/Failed) _____

Branch Notified _____

ELIGIBLE FOR HIRE (Circle One): YES NO

Signed: _____ Date: _____
Human Resources Director and/or Authorized Representative

*** This approval is to be included in the New Employee Sign-up Packet ***