



## Southington-Cheshire Community YMCA Disclosure and Authorization for the Release of Information

Southington-Cheshire Community YMCA will use ADP, a consumer reporting agency (CRA) as an agent to perform its employment related background check. The agency will provide a written report of its findings to Southington-Cheshire Community YMCA. I understand my prospective employer intends to utilize the background check for employment purposes only, and shall not disclose such information to any other party.

Above named CRA, ADP may utilize various sources of information including but not limited to: credit reporting agencies, worker's compensation records including any and all injuries in compliance with the Federal Americans with Disabilities Act, Department of Motor Vehicle driving records, criminal records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Southington-Cheshire Community YMCA, and ADP, a CRA.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that they may contain information about my background, mode of living, character, work history, personal characteristics, professional standing and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Southington-Cheshire Community YMCA if employment is denied because of information obtained from a CRA. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Southington-Cheshire Community YMCA. I further understand that when requesting a copy of the report, proper identification will be required and I may direct my request ADP, 301 Remington Street, Fort Collins, Colorado 80524. California residents will automatically receive a copy of the report within 7 days of delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES\_\_\_ NO\_\_\_ (If "YES", in what State? \_\_\_\_\_ Year \_\_\_)  
Please note that you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased under Connecticut General Statutes sections 46b-146, 54-76o or 54-142a, the criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

\*\*\*\*\*PLEASE FILL OUT THIS FORM COMPLETELY\*\*\*\*\*

Print First, Middle and Last Name: \_\_\_\_\_

List ALL other first & last names ever used: \_\_\_\_\_  
(PRINT NAME) (YEAR LAST USED) (PRINT NAME) (YEAR LAST USED)

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

CURRENT Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at address? \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PREVIOUS Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at address? \_\_\_\_\_

Last School/College Attended: \_\_\_\_\_ State \_\_\_\_ Last Year Attended \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If you graduated, indicate \_\_\_ Certificate \_\_\_ GED \_\_\_ Diploma \_\_\_

Registered and/or Graduated under what name? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<b>For EMPLOYER Use Only:</b> Requested by _____ PH: _____ FX: _____ Criminal (Indicate States) _____ Driver History _____ Employment _____ (#) Education _____ (#) Social Security _____ Professional License _____ Sex Offender Registry _____ Incarceration _____ Credit _____
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