



Background Check Authorization

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the YMCA. The Stateline Family YMCA has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Criminal History, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC an agent of **Stateline Family YMCA** to make a thorough check of my past.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify **Stateline Family YMCA** and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

First Middle Last Name **(Please Print Legibly)** Maiden Name

New Employee/Volunteer Birthdate (Must be 18 years or older)

New Employee/Volunteer Social Security Number Email

New Employee Address City State Zip

New Employee/Volunteer Signature

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OFFICE USE ONLY

Stateline Family YMCA Director, Supervisor, or Contact Person (Print Name)

Applicant Job Title & Branch Location