



**KENNEBEC VALLEY YMCA
APPLICATION FOR EMPLOYMENT**

The Kennebec Valley YMCA is an ADA/EOE Employer.
Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, handicap or veteran status.

PERSONAL:

Last Name: _____ Middle Initial: _____ First Name: _____

Street Address: _____ Phone: _____

Have you ever applied for employment with us? Yes No If yes: Month & Year: _____ Position: _____

Position Desired: _____ Are you available for full-time work? Yes No Pay Expected: _____

Hours you are available: _____ Willing to work overtime? Yes No

Date you can begin working? _____ Are you employed now? Yes No If so, can we contact your employer? Yes No

Have you ever been convicted of a felony or misdemeanor? (Other than parking fines) If yes, please specify:

Other special training/Skills/Certifications: _____

EDUCATION:

School	Name/Location	Course of Study	# of years completed	Did you graduate?	Degree or Diploma
Graduate					
College					
Business/Trade					
High School					

EMPLOYMENT: (Start with your present or most recent employer)

Company Name: _____ Phone: (____) _____

Address: _____ State: _____ Zip: _____

Name and Title of Supervisor: _____ Employment Date Range: _____ Rate of Pay: \$ _____

Description of Work: _____

Company Name: _____ Phone: (____) _____

Address: _____ State: _____ Zip: _____

Name and Title of Supervisor: _____ Employment Date Range: _____ Rate of Pay: \$ _____

Description of Work: _____

Company Name: _____ Phone: (____) _____

Address: _____ State: _____ Zip: _____

Name and Title of Supervisor: _____ Employment Date Range: _____ Rate of Pay: \$ _____

Description of Work: _____

*We will contact the employers listed on the previous page unless you indicate those you do not want us to contact:

Name & Title: _____ Number: _____

Reason: _____

REFERENCES: Give 1 professional, 1 family member and 1 person not related to you, whom you have known at least 1 year.

Name	Address	Phone	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

In case of emergency notify: Name _____ Address _____ Phone _____

I authorize investigation of all statements in the application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employer is for no definite period and may, regardless of the date of payment, of my wages and salary, be terminated at any time without any previous notice.

DATE: _____

SIGNATURE: _____

PLEASE READ BEFORE SIGNING

We appreciate your interest in a position with the Kennebec Valley YMCA. If you have questions about making the following statement, please ask the interviewer to explain.

STATEMENT OF APPLICANT

In the Kennebec Valley YMCA's effort to attract the highest quality staff, I have been advised that as a part of the application process for employment with the Kennebec Valley YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health, and I fully consent to and authorize all such inquiries.

In the event of my employment by the Kennebec Valley YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I understand that my initial employment is contingent upon receipt of a report of a current physical examination made of me by a licensed physician showing me to be in good health and free of contagious disease. Additionally, I authorize the Kennebec Valley YMCA to request my employment record from any former employer(s). I further understand those inquiries may be made concerning background, my experience, prior employment and myself. Inquiries or requests may be made by you, or your representatives, to any governmental agency. Including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy. Since they are made with my consent and it is in my interest that I be considered for employment.

I certify that all statements made by me on the application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment, or after employment, would be cause for termination of employment with the Kennebec Valley YMCA.

I understand and agree that if I am employed, there is no contract period for employment and employment would be solely on "employment at will" giving either me or the Kennebec Valley YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through date of termination and any earned vacation time.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant

Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Kennebec Valley YmCA ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Praesidium, Inc.; P.O. Box 202002, Arlington, TX, 76006, 800-743-6354, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT 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 Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

New York applicants and employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota applicants and employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an Investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

→ Signature: _____ → Date: _____

→ Print 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: _____



Child and Family Services

An Office of the
Department of Health and Human Services

Paul R. LaPage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Child and Family Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Fax: (207) 287-5282
TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: 775

**Cristina Chaplin
Kennebec Valley YMCA
31 Union Street
Augusta, ME 04330**

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children, adults, and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT →

*Para informacion en espanol, visite www.consumerfinance.gov/learnmore
o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.*

A Summary of Your Rights Under the Fair Credit Reporting Act.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 million and their affiliates: b. Such affiliates that are not banks, saving associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street N. W., Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
2. To the extent not include in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks: b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25 A of the Federal Reserve Act: c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations: d. Federal Credit Unions:	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200, Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO), 1775 Duke Street, Alexandria, VA 22314
3. Air carriers:	Asst. General Counsel for Aviation Enforcement & Proceedings, Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590
4. Creditors Subject to Surface Transportation Board:	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W., Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act:	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies:	Associate Deputy Administrator for Capitol Access United States Small Business Administration 409 Third Street, SW, 8 th Floor, Washington, DC 20416
7. Brokers and Dealers:	Securities and Exchange Commission 100 F Street NE, Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations:	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All other Creditors Not Listed Above:	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center -- FCRA, Washington, DC 20580 (877) 382-4357