



For use in Criminal Background Check only on Independent Contractors:

**Other Information**

Former Name(s): \_\_\_\_\_

List the States the you have lived in within the last 5 years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any felony offense against a person or any misdemeanor or felony offense in which the victim was a minor in any state at any time, including convictions that have been expunged, sealed, set aside, or otherwise removed from your criminal history record, including convictions that you have been told by legal authorities you need not report, but not including convictions that have been expunged pursuant to ORS 419A.260 and ORS 419A.262? If yes, please report the crime for which you were convicted, date of conviction and state where conviction occurred.  Yes  No If yes, Please explain:

\_\_\_\_\_  
\_\_\_\_\_

You are advised that the YMCA of Columbia-Willamette may request a fingerprint based criminal records check for the purposes of evaluating your fitness as an employee. You may obtain a copy of the record check report from, or challenge the accuracy or completeness of the record check report, through the Oregon State Police or Washington State Patrol identification services section or the Federal Bureau of Investigation. (\_\_\_\_\_ Initial here)

I voluntarily authorize YMCA of Columbia-Willamette and its agents to obtain criminal background information about me, including but not limited to, information that was expunged, sealed, set aside or otherwise removed from my criminal record history but not including convictions that have been expunged pursuant to ORS 419A.260 and ORS 419A.262 for purposes in connection with my agreement for services that I will provide with the YMCA. I also authorize and direct law enforcement authorities, court personnel and any other public or private officer or person, to disclose all of the aforesaid information, without condition or qualification, to the YMCA of Columbia-Willamette. I specifically authorize YMCA of Columbia-Willamette to obtain consumer reports from consumer reporting agencies including, but not limited to, Criminal Info Services, Inc. (CIS) for employment purposes. I understand I have rights under FCRA as indicated in the Fair Credit Reporting Act Disclosure Notice I will receive if my services are rendered with the YMCA of Columbia-Willamette. (\_\_\_\_\_ Initial here)

**NOTE: Confidentiality: Any disclosure of medical information will be kept in a confidential file and will be used only for the purposes of an emergency. All other information will be used in conjunction of the Fair Credit Reporting Act and will be kept confidential.**