



Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain the circumstances, including by not limited to:

(1) Date of conviction \_\_\_\_\_ (2) Name and location of court \_\_\_\_\_

(2) Nature of the offense \_\_\_\_\_ (4) Sentence and fine imposed on you \_\_\_\_\_

Additional comments \_\_\_\_\_

A prior conviction will not necessarily bar you from employment; however, the type of conviction and when it occurred will be considered.

## REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

NAME, ADDRESS AND PHONE #	BUSINESS OR OCCUPATION	YEARS KNOWN
Name _____ Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____		
Name _____ Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____		
Name _____ Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____		

I agree that if I receive an offer of employment, I will submit to a physical examination which I understand I must successfully pass or my offer can be retracted. I also agree that if I am employed by the YMCA, I will submit to further physical examinations which are job related and consistent with business necessity. I will abide by and conform to all policies, rules and regulations of the YMCA now in effect or hereafter established. I understand that any such policies, rules and regulations can be revised or terminated by the YMCA at any time at its sole discretion.

I also understand that falsification, misrepresentation or omission of information requested in this application, related documents or oral interviews may subject me to immediate dismissal. It is my understanding that the YMCA will make a thorough investigation of my entire work and personal history and may verify all data given by me in connection with my application for employment. I authorize such investigation and the giving of any information requested by the YMCA and I release from liability any person or entity giving or receiving any such information.

I also acknowledge and understand that this employment application is not a contract of employment and that if I am hired, I will be an atwill employee and I may voluntarily leave my employment or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statement or promises have been made to or relied upon by me regarding the length of my employment or the reasons for which my employment can be terminated.

This application will remain active for six months (or for the current opening for \_\_\_\_\_). If you are still interested in employment thereafter, you must reapply and complete a new application at that time.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of an emergency, notify: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_