

EDUCATION, TRAINING AND EXPERIENCE

If applying for a position requiring company driving, do you have a valid Driver License? No Yes

Driver license number: _____ State Issued _____ Class B No Yes

Can you provide proof of current auto insurance? No Yes

School	Name & Address	Course of Study	Number of years completed	Graduate	Degree, Certificate or No. of credits
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocation/Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any related licenses and/or certifications held:

Certifications you currently have:

First Aid, expires: _____ CPR, expires: _____ WSI, expires: _____ Others, list with expiration date: _____

List your skills, including: business machines you operate, computer languages you know, special skills or knowledge you possess (include level of proficiency or fluency, e.g. typing speed.):

Are you fluent in any languages other than English? No Yes

If yes, which: _____ Speak Read Write

_____ Speak Read Write

_____ Speak Read Write

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Association	Business	Years Known	Telephone

Please Read Carefully and Sign Below

The **YMCA of Greater Long Beach's** efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment, an extensive inquiry will be made concerning my prior employment, activities, character, and health. This inquiry will include conviction criminal history information and information in my background related to child abuse. I fully consent and authorize all such inquiries. I will provide the requested information for the sole purpose of obtaining a conviction-only criminal history file search. I understand that my continued employment is contingent upon a clean criminal history background check and a physician's statement showing me to be in good health.

I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I am considered for employment. I also release the YMCA from any liability (for example, sharing with third parties any child abuse information gathered in this background check or observed during my employment with the YMCA).

In the event of my employment by the **YMCA of Greater Long Beach**, 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 also understand that if hired as a YMCA employee or volunteer, I am not be allowed to fraternize with the YMCA youth members or participants outside of YMCA programs, including, but not limited, to babysitting or inviting children to my home.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

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

I certify that all statements made by me on this application are true 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. Any misrepresentation or omission of facts discovered after employment may be cause for termination of employment with the YMCA.

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

Date

Applicant Signature



YMCA

We build strong kids,
strong families, strong communities.

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FOR ADMINISTRATIVE USE ONLY

Position(s) applied for: Available Not Available

Other positions considered for: _____

Hired: Yes No

Date of Hire: / /

Completed by: _____

Date: / /



YMCA of Greater Long Beach
P.O. Box 90995
Long Beach, CA 90809-0995
Phone: (562) 279-1700 Fax: (562) 279-1705

Disclosure Authorization and Liability Release

As part of the application process for employment with the YMCA of Greater Long Beach, I understand that the YMCA of Greater Long Beach and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education institutions, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for the YMCA of Greater Long Beach and/or those parties contacted by the YMCA of Greater Long Beach to obtain information.

In addition, I release and discharge the YMCA of Greater Long Beach, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the YMCA of Greater Long Beach. I also certify that all information provided is correct and complete on the application and my resume to the best of my knowledge. Any false statements or omissions will be considered just cause for termination of employment.

Upon Request, the YMCA of Greater Long Beach will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: YMCA of Greater Long Beach, P.O. Box 90995, Long Beach, CA 90809-0995, or at: (562) 425-9986.

Applicant's Name: _____
(Please Print) First M.I. Last

Signature: _____ **Date:** _____

Date of Birth: _____ (this is used for criminal and driving records, **Month and Day only**)

Social Security Number: _____ - _____ - _____ **Driver's License Number:** _____ **State:** _____

Current Address: _____ **Length of Residency:** _____
Street Address City State Zip

Dates:	Street Address	City	State	Zip



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strong families, strong communities.