## BACKGROUND AUTHORIZATION

In the Grand Island YMCAs efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the 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 Grand Island 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 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 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 understand that my continued employment is contingent upon a physician's statement showing me to be in good health and a clean criminal history background check.

I understand that it is this agency's policy to secure conviction criminal history information as a part of the pre-employment screening process. I have provided the following information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the Grand Island YMCA does not condone child abusers and that the Grand Island YMCA will be seeking information in my background related to child abuse.

Name		
last	first	middle ( <b>spelled out</b> )
Complete Home Address		
	(Including street, city, state, zip code)	
Home or Cell Phone		
Maiden name/names previously use	ed	
Birthday	RaceSex	
Social Security Number		
Drivers License Number		

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 or after employment, may be cause for termination of employment with the YMCA.

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 also understand that if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting or inviting children to my home.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an "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 hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

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