

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

In the event I am employed, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy. I agree to submit to legally permissible drug and/or alcohol testing upon request of the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

I have read, understand, and support the YMCA's position on the problem of child abuse.

I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and /or drug screening, if requested, to be given by a physician or registered nurse or similar vendor selected by the YMCA, and until other documents required by law are completed, and until information given by me has been verified.

I further understand that it is this YMCA's policy to secure conviction criminal history information as a part of the pre-employment screening process. I understand that the YMCA does not condone child abusers and the YMCA will be seeking information in my background related to child abuse.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

I have read the above statement and accept the same as a condition of my employment with the YMCA.

Signature of Applicant