

REFERENCES: Three persons NOT related to you, 18 yrs. or older whom you have known at least 1 year.

Name	Address	Yrs. Known	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Former Employers: List last three employers, starting with the last one first.

Dates	Former Employer	Salary/Position	Reason for Leaving
From/To Job Duties	_____	_____	_____
From/To Job Duties	_____	_____	_____
From/To Job Duties:	_____	_____	_____

Were you ever employed by the YMCA? [] No [] Yes If yes, in what position? _____
Association/Branch Name: _____ Yrs. of Employment: _____

Applicant's Statement - Read the following statements carefully before signing.

- The information in this application for employment is true. I understand that if any statement or response, on the application form, during the interview, or at any time during the hiring process, is found to be false or misleading, consideration of the applicant will be discontinued. This will result in employment denial in the case of an applicant and possible dismissal of a current employee.
- I understand I must be cleared through a Criminal Background Check and Child Abuse History Clearance before I can be offered a position at the YMCA of the Twin Tiers.
- I understand the representatives of the YMCA and its agents may conduct a background investigation on me, and may contact my former employers, references and other third parties to obtain additional information related to employment. I hereby request, release, and consent to the release and disclosure of such information.
- I understand that my initial employment may be contingent upon receipt of a current physical examination made of me by a licensed physician. I understand that I am responsible for any costs incurred for this examination.

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

Date _____

Signature _____