

STATEMENT OF JOB APPLICANT

In the YMCA of Northwest Louisiana's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment, and 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 to 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 re: sharing with third parties and child abuse information gathered in this background check or observation during my employment with the YMCA.

In the event of my employment by the YMCA of Northwest Louisiana, 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 allowed to fraternize with 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.

Signature of Applicant

Date

DISCLOSURE/AUTHORIZATION

*A consumer and/ or investigative consumer report
may be obtained for employment purposes.*

By your signature below, you hereby authorize Southern Research Company, Inc., 2850 Centenary Blvd., Shreveport, Louisiana 71104, to procure a consumer report and /or an investigative consumer report which may include:

- Criminal, civil and other public records;
- Driving record;
- Credit report;

Information obtained through personal interviews with neighbors, friends, or associates of the consumer as to his/her character, general reputation, personal characteristics, and mode of living whichever are applicable; for employment purposes on behalf of the YMCA of Northwest Louisiana.

For identification purposes, please provide the following information:

Date of Birth: _____ Social Security Number: _____

Drivers License: State: _____ Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Position applying for: _____ Phone Number: _____

List city and state of previous residences during the past 7 year period, indicating month and year and name knows as (maiden, previous married name) during that period.

<u>City/State/Zip</u>	<u>Name known as</u>	<u>Month/Year (from-to)</u>
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Employee's name (please print): _____
(Last name) (First name) (Middle name)

Employee's signature: _____ Date: _____

YMCA Representative's signature is required when requesting a CREDIT REPORT. Southern Research must have a copy of this disclosure/authorization form along with the request form in order to process the request for a credit report.

Representative signature _____ Date _____

FOR YMCA USE:

Date entered: _____ Date received response: _____

Date Notified Supervisor: _____