



Statement of Job Applicant
BACKGROUND CHECK AUTHORIZATION

Return to:
Don Jennings, Camp Director
YMCA Camp Mason
23 Birch Ridge Rd.
Hardwick, NJ 07825

This is to notify you that YMCA Camp Ralph S. Mason, Inc. (YMCA) makes a full inquiry into every applicant’s prior employment, activities, and character. This inquiry will include a full agency-conducted search for criminal history and convictions information. An online search for web and social network presence will be undertaken, as well. Drivers for YMCA-owned vehicles will be vetted for motor vehicle operations history. Your signature below signifies consent to authorize these inquiries. Your employment may be affected by the results of your criminal history background check, your public internet presence, and your driving record.

New Jersey state law requires that you provide a physician’s statement showing you to be in satisfactory health as part of your employment at YMCA Camp Mason.

The YMCA will request employment information from your former employers as required. The applicant hereby waives the right to claim that any request or investigation is an invasion of privacy; it is made with consent and in the interest of employment.

Your signature on this statement certifies that you have been asked and have fully disclosed any criminal convictions or information about any incidents in which you were charged with a violent crime which was dismissed or the allegation or commission of any act of child abuse which required investigation by the law authorities of any district or jurisdiction. I understand the YMCA will take any allegations or suspicions of child abuse seriously and is required to report all allegations or suspicions to the investigative unit of the New Jersey Division of Youth and Family Services. This document releases the YMCA from liability, re: sharing with necessary third parties information gathered in this background check or observed during the applicant’s employment with the YMCA.

Your signature further indicates that you will comply with the policies set forth in the staff handbook, associated documents, and all other policies that may be established from time to time by the organization. YMCA employees or volunteers are not allowed to fraternize with YMCA youth members or youth participants outside of YMCA programs, including, but not limited to, babysitting or inviting children to their home.

Finally, your signature below certifies that the information you have provided is accurate to the best of your knowledge and that you have withheld nothing that would, if disclosed, affect this application unfavorably. Any misrepresentation or omission of facts may exclude consideration 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 understand the above statement and that I voluntarily sign this application.

Signature of Applicant	Date	Print Full Legal Name with Middle Initials
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Social Security Number	Date of Birth	Maiden Name
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Current Legal Address	County
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Previous Legal Address	County
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Driver’s License Number	Issuing State	Expiration Date
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