

Date of Application: _____
Name of Applicant: _____
Day Telephone Number: _____
Evening Telephone Number: _____



YMCA

Wabash County YMCA, Inc.
We build strong kids,
strong families, strong communities.

APPLICATION RELEASE

I, _____ (printed name),
having made application for employment with the Wabash County YMCA and desiring it
to be informed as to my ability, job performance, reasons for leaving employment,
character, reputation for honesty, financial responsibility, habits, and any records of
convictions, I hereby authorize it to investigate and to ascertain any and all information
which may concern any or all of the foregoing, whether same is of record or not. I
hereby release my present and former employers, any city, county or state law
enforcement agencies, and all persons whomsoever from any damage resulting from
furnishing said information.

Social Security Number: _____ - _____ - _____

Signature: _____

Date: _____