

# YMCA

## Criminal Background Check Form

Our YMCA conducts criminal and traffic record searches on applicants or employees, in accordance with our hiring policies. Your signature on this form (below) will give us permission to conduct a search of all criminal and traffic records listed with your name, date of birth, and social security number. Should you have any questions regarding this background check, please talk with the Director who is hiring for the position you seek, or talk with the CHCYMCA Human Resources Director. **We appreciate your cooperation.**

PLEASE P-R-I-N-T

LAST NAME

MIDDLE Initial  FIRST

If your name has changed within the past 10 years, please P-R-I-N-T your previous name(s) below:  
\_\_\_\_\_ Date changed: \_\_\_\_\_

Telephone number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Date of Birth: Month  Day  Year

Social Security Number: --

Driver's License Number:  *Beginning with the first box, list the numbers on your license. Disregard any leftover boxes.*

List the county and state that issued your Driver's License:

County: \_\_\_\_\_ State: \_\_\_\_\_

Please list the names of all the places where you have lived during the past 5 years:

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicants & Volunteers should not write below this point.*

A CHCYMCA Staff person must sign this form in order to generate the background search:

**Staff Member Requesting CBC:**

**P-R-I-N-T Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_