



Morris Center YMCA

*We build strong kids,
Strong families,
Strong communities.*

www.morriscenterymca.org

Coaches Application

Morris Center YMCA 79 Horsehill Road, Cedar Knolls, NJ 07927

Richard F. Blake Children's Center 65 Horsehill Road, Cedar Knolls, NJ 07927

YMCA Mission

To strengthen our communities by providing programs that incorporate the values of caring, honesty, respect and responsibility that build healthy spirit, mind and body for all.

The Morris Center YMCA considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

GENERAL INFORMATION

Today's Date _____ SS# _____
First Name _____ MI _____ Last _____
Date of Birth _____
Street Address _____ Apt# _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
E-mail Address _____
Have you ever been employed by the YMCA before? YES NO
If Yes, what branch? _____ Position _____

PERSONAL REFERENCES

Please list references who are not related to you and who have known you for at least one year.

Name _____ Occupation _____
Home Phone _____ Work Phone _____
Address _____

Name _____ Occupation _____
Home Phone _____ Work Phone _____
Address _____

Name _____ Occupation _____
Home Phone _____ Work Phone _____
Address _____

AUTHORIZATION TO PERFORM RECORD CHECKS

I, _____, hereby authorize the Morris Center YMCA to obtain relevant, position related information pertaining to any charges and/or convictions I may have had for federal and state criminal and/or motor vehicle law violations. This information may include but not be limited to credit checks as well as allegations and convictions for crimes committed upon minors and will be gathered from any law-enforcement agency of this state or any state or federal government, to the extent permitted by state and federal law.

Signed _____

Date _____

Social Security # _____

Driver's License # _____

State _____

Exp. Date _____
