



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BACKGROUND CONSENT FORM

I authorize the Oshkosh Community YMCA to conduct a complete criminal background check. I understand my employment at the YMCA is contingent upon the results of this background check

Signature

Date

Please provide the following information for completion of the background check. (Please print.)

Full Name (First / Middle / Last)

Maiden Name

Date of Birth

Sex

Social Security Number

Race

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Pacific Islander

White

OSHKOSH COMMUNITY YMCA • www.oshkoshymca.org

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