



EMPLOYMENT		employer.
<b>1</b>	Company:	Telephone: ( ) -
	Address: City/State/Zip	Employed (month & year): From: To:
	Name and Title of Supervisor:	Salary: Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving:  May we contact? Yes ( ) No ( )
<b>2</b>	Company:	Telephone: ( ) -
	Address: City/State/Zip	Employed (month & year): From: To:
	Name and Title of Supervisor:	Salary: Start: Last:
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<b>3</b>	Company:	Telephone: ( ) -
	Address: City/State/Zip	Employed (month & year): From: To:
	Name and Title of Supervisor:	Salary: Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving:  May we contact? Yes ( ) No ( )

<b>V O L U N T E E R</b>	VOLUNTEER WORK/MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS RELATED TO THIS POSITION. (Exclude, if you wish, those that may disclose your race, color, religion or national origin.)

<b>R E F E R E N C E S</b>	LIST TWO PROFESSIONAL REFERENCES AND ONE CHARACTER REFERENCE.			
	NAME	ADDRESS/CITY/STATE/ZIP	PHONE	OCCUPATION

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I attest that the information provided in this application is true and correct and agree that any untruthful or misleading answers, or omission of fact, may result in rejection of this application, or dismissal if employed. I authorize and release any and all former employers, supervisors and any other persons to furnish the YMCA with information concerning my work performance, skills, abilities and character.

I understand that if an offer of employment is made, employment is conditional based upon the results of background investigation(s) conducted by the YMCA, and the state if employed in a DSHS licensed program. Background investigations include completion of criminal conviction and abuse/exploitation disclosure(s) and related records check(s). Additionally, previous work experience, academic history, certifications, professional licenses, etc. may be verified. Thumb printing at hire is required of all employees. If employed, I agree that employment at the YMCA is at-will and that either the YMCA or I may terminate the relationship at any time with or without cause or notice. This at-will employment relationship can only be altered in writing signed by the CEO and me.

If employed, I understand that I must furnish proof of my identity and legal right to work in the U.S. in compliance with the Immigration Reform and Control Act of 1986, and that the South Sound YMCA requires a copy of my social security card.

I further understand that, if I am employed, I am required to abide by all policies and procedures of the South Sound YMCA.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



**SOUTH SOUND YMCA**  
**APPLICANT CRIMINAL AND ABUSE DISCLOSURE**  
**(Pursuant to Chapter 486, Washington Laws of 1987)**

At employment or engagement of any applicant as an employee or volunteer in any activity involving children under 16 years of age, the South Sound YMCA will make inquiry to the Washington State Patrol regarding any and all matters referred to in this disclosure form. Before receipt of the official response thereto, any employment or engagement will be on a conditional basis only, pending completion of the background investigation by the Applicant Criminal History Review Board. Official records supplied in response to such inquiry will be used by the YMCA only for making the initial employment or engagement decision. There will be no further dissemination of such records. When such inquiry has been made and official response has been received by the YMCA, a copy of the response will be available to you within 10 days of such receipt.

1. Applicant's FULL NAME \_\_\_\_\_  
 Any other name(s) applicant has used: \_\_\_\_\_  
 Applicant's phone number: \_\_\_\_\_  
 Applicant's Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Have you ever been convicted of any of the following crimes? aggravated murder; 1° murder; 2°; murder; 1° kidnapping; 2° kidnapping; 1° assault; 2° assault; 3° assault; 1° rape; 2° rape; 3° rape; 1° statutory rape; 2° statutory rape; 3° statutory rape; 1° robbery; 2° robbery; 1° arson; 1° burglary; 1° manslaughter; 2° manslaughter; 1° extortion; 2° extortion; indecent liberties; incest; vehicular homicide; 1° promotion prostitution; communication with a minor (for immoral purposes); unlawful imprisonment; simple assault; sexual exploitation of a minor; 1° criminal mistreatment; 2° criminal mistreatment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name of each such crime and place and year of conviction:

\_\_\_\_\_  
 \_\_\_\_\_

3. Have you ever been found by a court in a civil action (including domestic relations and child dependency), to have physically or sexually abused or exploited any minor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the place, year, and court in which such adjudication was made, and the name of the minor:

\_\_\_\_\_

4. Have you ever been found by a disciplinary board to have physically or sexually abused or exploited any minor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give place and year of such finding, name of board and name of minor: \_\_\_\_\_

\_\_\_\_\_

Under penalty of perjury, I swear or affirm that, to the best of my knowledge and belief, the information supplied by me in this disclosure is true, accurate, and complete.

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



**SOUTH SOUND YMCA  
APPLICANT RELEASE FORM**

**PLEASE READ BEFORE SIGNING**

We appreciate your interest in a position with the South Sound YMCA. If you have questions about making the following statement, please ask the interviewer to explain.

Statement of Applicant

In the South Sound YMCA's effort to attract the highest quality staff, I have been advised that as a part of the application process for employment with the South Sound YMCA, an extensive inquiry will be made concerning my prior employment, activities, character, and health (where required by law), and I fully consent to and authorize all such inquiries.

In the event of my employment by the South Sound YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I understand that my initial employment is contingent upon receipt of a report of a current physical examination if required by law, made of me by a licensed physician showing me to be in good health and free of contagious diseases. Additionally, I authorize the South Sound YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning me, my background experience and prior employment. Inquiries or requests may be made by you, or your representatives, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or, after employment, would be cause for termination of employment with the South Sound YMCA.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an "employment at will" giving either me or the South Sound YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through date of termination.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THIS APPLICATION.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Supplemental Questions

1. Discuss several of your goals when working with children.
2. Give examples of ways you would individualize an activity to meet the needs of the various ages in school age child care.
3. Please discuss your discipline philosophy in general and specifically how it relates to dealing with a disruptive child.
4. Make a list of several developmentally appropriate activities you would do with school age children. Include both outdoor and indoor, active and passive activities.
5. Please add additional relevant information about your background that relates to child care.