



YMCA OF THE NORTHWOODS

DATE: _____

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer • The YMCA Welcomes a Diverse Workforce

Please print in ink. **You must complete entire application to be considered.**

APPLICANT INFORMATION

Name (first, middle, last)	Telephone OR Cell
Address (street, city, state, zip code)	Email address
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes?	Social Security #
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth (if under 18) _____ If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for.	
Have you ever been convicted of a crime or are any charges pending (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment. However, failure to provide complete and accurate information relating to any criminal convictions will result in no offer of employment or immediate termination. Employment is contingent upon the results of a criminal record check.)	

POSITION APPLYING FOR (PLEASE BE SPECIFIC)

	Part-Time or Full-Time	Salary Preference	Shift Preference
1 st Choice			
2 nd Choice			

When can you start? _____ How did you learn of this opening? _____

Have you been paid to work for the YMCA of the Northwoods before? Yes No

When? _____

List any relatives working for us, and their relationship to you.

OTHER QUALIFYING FACTORS

CERTIFICATIONS: (Proof of certification may be required prior to employment)

Type _____ Date Received _____ Expiration Date _____

If relevant, please describe word processing speed, software knowledge, and office equipment experience.

Briefly describe what makes you feel qualified to be selected to fill the position you are applying for.

EDUCATIONAL BACKGROUND

Type of School	Name and Address	Last Year Completed	Graduated	Diploma, Degree Course of Study
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade		Mos. Attended	<input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK HISTORY (paid and unpaid) *Please account for the past 10 years.*

Any or all of the current or past employers may be contacted for verification.

Are you presently employed? Yes No If yes, current work schedule

Name of Employer		Telephone Number		
Address				
Job Title		Employment Dates (month/year)		
Name of Immediate Supervisor		From:	To:	
Description of Duties				
Salary (start)		Salary (end)		Reason for Leaving
Name of Employer		Telephone Number		
Address				
Job Title		Employment Dates (month/year)		
Name of Immediate supervisor		From:	To:	
Description of Duties				
Salary (start)		Salary (end)		Reason for Leaving
Name of Employer		Telephone Number		
Address				
Job Title		Employment Dates (month/year)		
Name of Immediate supervisor		From:	To:	
Description of Duties				
Salary (start)		Salary (end)		Reason for Leaving

MILITARY SERVICE RECORD

Have you served in the United States armed forces? Yes No

If yes, what branch _____ Rank Attained _____

Dates of service _____ to _____

What were your duties in the service (include special training and duty station)?

EMPLOYMENT REFERENCES *(List individuals familiar with your job qualifications—no relatives or friends.)*

Name	Daytime Telephone
	Evening Telephone

Address

Relationship	How long known?
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Name	Daytime Telephone
	Evening Telephone

Address

Relationship	How long known?
--------------	-----------------

Name	Daytime Telephone
	Evening Telephone

Address

Relationship	How long known?
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EMERGENCY CONTACT *(Persons to be notified in case of accident or emergency.)*

Name	Relationship to you
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Phone

Street Address

City	State	Zip
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Please read carefully before signing this form.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that mis-representations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the YMCA of the Northwoods to investigate my responses on this application and contact any or all of my present and former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. Regardless of whether or not I become employed by the YMCA of the Northwoods, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the YMCA of the Northwoods is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the YMCA of the Northwoods unless specifically provided otherwise. I further understand that no YMCA of the Northwoods employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the YMCA of the Northwoods, and then only by means of a signed written document.

Signed by Applicant _____ Date _____

IMPORTANT NOTICE TO JOB APPLICANTS

IMMIGRATION AND NATURALIZATION SERVICE INFORMATION

The YMCA of the Northwoods hires only United States citizens and aliens lawfully authorized to work in the United States.

In the event you are offered a position with the YMCA of the Northwoods, you will, as a condition of employment, be required to complete and sign an INS Form I-9 at the time an offer of employment is made to you. You will also be required to present **original documentation, which** both identifies you **and** establishes your work authorization prior to your employment start date. You will not be hired if you cannot provide the required documentation. If, after you have been hired, any documentation has expired, it is your responsibility to provide your supervisor with current documentation immediately. Failure to do so will result in immediate termination with the YMCA of the Northwoods without prejudice to future employment application. This applies to U.S. Citizens as well as aliens.

For many persons, the presentation of a social security card, along with either a picture driver's license or state identification card, will be sufficient documentation of identity and work authorization. However, certain other documents will also be acceptable. If you wish to see a complete list of acceptable documents, this list will be on the back side of the I-9 form.

If there are any special circumstances that make you exempt from, any part of the verification procedures, please inform the YMCA of the Northwoods representative at the time verification is requested. Nothing contained herein should be construed by you to be an offer of employment or a promise of any nature.

JOB APPLICATION POLICY

In accordance with our policy to recruit and hire equitably on an equal opportunity basis without regard to race, creed, color, religion, sex, age, national origin, sexual preference, disability, veteran status, or any other characteristic protected by law, the YMCA of the Northwoods adheres to the following job applicant policies and procedures:

- Applications and resumes are accepted **ONLY** for open and listed positions.
- All job applicants must indicate the specific job applied for.
- All incomplete applications will be rejected.
- At times we limit the number of accepted resumes for highly solicited positions on a first-come, first-served basis. The number of resumes accepted will be determined by the position.
- All stated application deadlines are firm. Only resumes and applications received by 4:30 p.m. on the deadline date will be considered.

The YMCA of the Northwoods welcomes a diverse workforce.

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member (lives on premises, but is not a client)
- Applicant for a license, certification, or registration (including continuation or renewal) Other – Specify: _____

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>
Position Title (Complete only if a prospective or current employee or contractor.)	Birth Date (<i>MM/dd/yyyy</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)		

Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown		Social Security Number	
Home Address	City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)			

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

Note: The areas below that are designated for responses are expandable.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

- Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents. Yes No

- Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.
You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents. Yes No

- IMPORTANT: Read before completing item 3.**
Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.
 If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.
Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? Yes No
If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? Yes No

 If **Yes**, explain, including when and where it happened.
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5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? Yes No

 If **Yes**, explain, including when and where it happened.
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6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**? Yes No

 If **Yes**, explain, including when and where it happened.
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7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? Yes No

 If **Yes**, explain, including credential name, limitations or restrictions, and time period.

SECTION B – OTHER REQUIRED INFORMATION

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes No

 If **Yes**, explain, including when and where it happened.
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2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? Yes No

 If **Yes**, explain, including when and where it happened and the reason.
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3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes No
 If **Yes**, indicate the year of discharge: _____

 Attach a copy of your DD214, if you were discharged within the last three (3) years.
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4. Have you resided outside of Wisconsin in the last three (3) years? Yes No

 If **Yes**, list each state and the dates you resided there.
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5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes No

 If **Yes**, list each state and the dates you resided there.
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6. Have you had a caregiver background check done within the last four (4) years? Yes No

 If **Yes**, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.
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7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe? Yes No

 If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

Read and initial the following statement.

_____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form

Date Submitted