



Johnson County Family YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

APPLICANT INFORMATION			
Last	First	M.I.	Date
Mailing Address		Apartment #	
City	State	ZIP	
Phone	Email		
Phone (cell)	Desired salary	Date available	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
FIRST REFERENCE	
Full Name	Relationship
Company	Phone ()
Address	
SECOND REFERENCE	
Full Name	Relationship
Company	Phone ()
Address	
THIRD REFERENCE	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

MOST RECENT EMPLOYER

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SECOND MOST RECENT EMPLOYER

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

THIRD MOST RECENT EMPLOYER

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE (IF APPLICABLE)

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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APPLICATION FOR CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY SCREEN

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

This form is for child care facilities licensed by the State of Wyoming only.

Instructions:

- 1) Complete page one and page two of this form **in ink** ensuring the Authorization of Release of Information is signed and dated by the person being screened.
- 2) Verify SSN and DOB with a driver's license or other means of identification and obtain a copy **for your records**.
- 3) Authorization is only valid for sixty (60) days from the date signed.
- 4) **Submit a self-addressed envelope with the request**. Postage is not required but is appreciated.
- 5) For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers, for all individuals being screened.
- 6) **Incomplete forms be returned unprocessed.**
- 7) **Only applications with original signatures will be accepted. Electronic signatures, scanned or faxed copies are not accepted.**
- 8) The SS-26 Form will be returned to the agency requesting the screen when complete.
- 9) By including an email, you acknowledge The Department of Family Services may send you results electronically, and agree to abide by all confidentiality laws regarding Central Registry data. The original will follow by mail.
- 10) Areas marked by an asterisks (*) are required fields.

Mail application to:

Department of Family Services
Central Registry
2300 Capitol Ave, 3rd Floor
Cheyenne, WY 82002

***LICENSER:** Kristi Bennick

To be Completed by Organization/Facility (Print clearly)

*Name of person being screened: _____

*Name of Child Care Facility: Johnson County Family YMCA

*Director of Child Care Facility: Kamisha Blakeman

*Mailing Address of Child Care Facility: 101 Klondike Drive

*City Buffalo *State WY *Zip 82834

*Phone: (307) 684 9558

¥Facility Email (Optional): _____

For Central Registry Office Use only

Date Completed _____ Reference Number - 0118

Person being screened listed on the DFS Abuse/Neglect Central Registry? YES NO

Central Registry Specialist initials _____ Database _____

AUTHORIZATION OF RELEASE OF CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY INFORMATION

To Be Completed by Person Being Screened (Please type or print legibly in ink.)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

***Full** Legal Name _____

*Maiden Name _____

*Former Married Names _____

*Aliases _____

*Social Security Number _____

*Date of Birth _____

*Gender: Male Female

*Current Address _____

*City _____ *State _____ *Zip _____ *Phone _____

*List All Addresses for the past five (5) years. Attach additional pages if necessary.

_____	_____
_____	_____
_____	_____
_____	_____

“Voluntarily” List Names of Your Children (This information assures accuracy of the screen)

_____	_____	_____
_____	_____	_____

If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. _____

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services.

***Signature of Person Being Screened**

***Date Valid for 60 Days**

*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any applicant receiving a report that a prospective employee/volunteer is “under investigation”, shall be notified of the final determination of that investigation. A second screen result will be sent to the Organization/Agency on Page 1 when a final determination is made in these cases.