



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUTH WOOD COUNTY YMCA EMPLOYMENT APPLICATION

Thank you for your interest in the YMCA!

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

If you would like to apply to join the YMCA staff team, please complete the application below. Be sure to write legibly. The application must be completed in full. Do not leave any spaces blank or write "see resume" in response to any question. Read and sign the last page of the application.

PERSONAL INFORMATION

Position Applying For: _____ Date: _____

Date Available: _____

NAME: _____ E-mail: _____
Last First MI

Address: _____
Street City State ZIP

Telephone: Home _____ / _____ Business _____ / _____ Mobile _____ / _____

Are you 18 years of age or older? *(If not, you may be required to provide work authorization)* **Yes**
No

If hired, can you provide verification of your legal right to work in the United States? **Yes**
No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? **Yes**
No

Have you ever been convicted of a crime, pled no contest, or had adjudication withheld? If yes, please provide a date, location, charges and a complete explanation of all offenses. *(A conviction will not necessarily bar employment. The YMCA may consider the nature, date and circumstances of the offenses)* **Yes**
No

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

Employment Application

EMPLOYMENT HISTORY AND CERTIFICATIONS

List all previous employment starting with the most recent. Use additional sheets if needed.

Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor & Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor & Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor & Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor & Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	

Please explain any gaps in your employment history:

Safety & Job Specific Certifications

Type (CPR First Aid, CDA, etc.)	Provider	Level	Expiration

**REFERENCES: TWO PROFESSIONAL, TWO PERSONAL AND ONE FAMILY MEMBER REFERENCE
(If under 18 years old, one teacher reference is required)**

Professional Reference

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____ / _____ Alternate #: _____ / _____

Professional Reference

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____ / _____ Alternate #: _____ / _____

Personal Reference

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____ / _____ Alternate #: _____ / _____

Personal Reference

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____ / _____ Alternate #: _____ / _____

Family Reference

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____ / _____ Alternate #: _____ / _____

Teacher Reference (if under 18 years old)

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____ / _____ Alternate #: _____ / _____

APPLICATION ACKNOWLEDGEMENT AND AUTHORIZATION

Please read all statements and sign below

I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery.

I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check and substance abuse screening. Refusal to participate will result in the withdrawal of any offer of employment.

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings. I further understand that the Marshfield Area YMCA has a zero tolerance for child abuse. If hired, I agree to abide by YMCA policies and rules at all times.

I understand that I can withdraw from the application process at any time. I acknowledge that I have read the above statements and understand them.

Signature: _____ Date: _____

Revised 03/2026

BACKGROUND INFORMATION DISCLOSURE (BID)

This form is required under the provisions of Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03. Pursuant to Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03, this form must be completed prior to licensure, employment or non-client residency and is only valid for 120 days. Failure to comply may result in a denial or revocation of your license; or denial or termination of your employment or contract.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.

Check the box that applies to you.

- | | |
|---|---|
| <input type="checkbox"/> Current or Prospective Employee / Contractor
<input type="checkbox"/> Applicant for a license (including continuation or renewal) | <input type="checkbox"/> Non-Client Resident (10 years of age and older)
<input type="checkbox"/> Other – Specify: |
|---|---|

Name – (First and Middle)	Name – (Last)	Position Title (If applicable)	
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White		Social Security Number(s)	
Home Address		City	State Zip Code
Name and address of Potential Employer or Licensing Agency.			

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, county, local, military, and tribal courts? Have you ever been convicted of another offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes , list each pending charge or conviction, when it occurred, the date or arrest and conviction if applicable, and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever adjudicated delinquent by a court of law, including tribal court, before your 18 th birthday, for a crime or other offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes , list each crime or offense, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under community supervision by a state, federal or tribal agency (i.e. probation, extended supervision or parole)? ➤ If Yes , provide the name, address and phone number of the agency.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
<p>4. Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry?</p> <p>➤ If Yes, explain, including the location, reason for registration and length of time required to be registered.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency?</p> <p>➤ If Yes, explain and provide the name of the agency conducting the investigation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child?</p> <p>➤ If Yes, explain, including when and where it happened and the name of the agency that made the finding.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>➤ If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. 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?</p> <p>➤ If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?</p> <p>➤ If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?</p> <p>➤ If Yes, explain, including credential name, limitations or restrictions, and time period.</p>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
<p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?</p> <p>➤ If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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?</p> <p>➤ If Yes, explain, including when and where it happened and the reason.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you been discharged from a branch of the U.S. Armed Forces, including any reserve component?</p> <p>➤ If yes, indicate the year of discharge: _____</p> <p>➤ Attach a copy of your DD214 if you were discharged within the last 3 years.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you resided outside of Wisconsin in the last 5 years?</p> <p>➤ If Yes, list each state and the dates you lived there.</p>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
5. Have you had a caregiver background check done within the last 4 years? ➤ 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.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families, a county department, a private child placing agency, school board or tribe? ➤ If Yes , list the review date, the result, the agency that conducted the review and attach a copy of the review decision.	<input type="checkbox"/>	<input type="checkbox"/>

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

I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in a forfeiture and other sanctions as provided by law.

SIGNATURE	Date Signed
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