

EMPLOYMENT HISTORY: LIST PAST THREE EMPLOYERS. LIST PRESENT OR MOST RECENT EMPLOYER FIRST. INCLUDE MILITARY EMPLOYMENT, TEMPORARY AND PART TIME EMPLOYMENT, AS WELL AS FULL TIME POSITIONS.

ARE YOU PRESENTLY EMPLOYED? YES NO

EMPLOYER _____ ADDRESS _____ PHONE _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

DATES OF EMPLOYMENT _____ SALARY _____ STATUS FULL TIME PART TIME TEMP VOLUNTEER

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

EMPLOYER _____ ADDRESS _____ PHONE _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

DATES OF EMPLOYMENT _____ SALARY _____ STATUS FULL TIME PART TIME TEMP VOLUNTEER

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

EMPLOYER _____ ADDRESS _____ PHONE _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

DATES OF EMPLOYMENT _____ SALARY _____ STATUS FULL TIME PART TIME TEMP VOLUNTEER

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

WHAT SKILLS DO YOU HAVE THAT YOU WOULD LIKE TO BRING TO THE YMCA?

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE YMCA?

CERTIFICATION: I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE, CORRECT AND WITHOUT OMISSIONS. I AUTHORIZE THE CHEYENNE FAMILY YMCA TO INVESTIGATE THE FOREGOING, AND ANY OTHER INFORMATION WHICH MIGHT ASSIST THEM TO DETERMINE MY QUALIFICATIONS FOR EMPLOYMENT. I RELEASE THE CHEYENNE FAMILY YMCA AND MY FORMER EMPLOYERS, AND ALL OTHERS FROM ANY LIABILITY FOR DAMAGE WHICH MAY RESULT FROM SUCH INVESTIGATIONS. IF, UPON INVESTIGATION, ANYTHING CONTAINED IN THIS APPLICATION IS FOUND TO BE UNTRUE, I UNDERSTAND I WILL BE SUBJECT TO TERMINATION AT ANY TIME DURING THE PERIOD OF VOLUNTEERSHIP.

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

THE CHEYENNE FAMILY YMCA IS AN EQUAL OPPORTUNITY EMPLOYER.

APPLICATION FOR CHILD ABUSE/NEGLECT AND ADULT CENTRAL REGISTRY SCREENS
AND WYOMING CRIMINAL HISTORY RECORD PREScreens

Please complete below (print clearly).

Person Being Screened: _____

Name of Person Within Requesting Facility: Susan McKellar (and)

Name of Facility, Organization or Agency: ~~Tanya Jones~~ TERRI CURRY

DFS, Child Care Licensing (and)

Cheyenne Family YMCA

Mailing Address: _____

1426 E Lincolnway

Cheyenne WY 82001

Phone Number: _____ Fax Number: _____

(307)634-9622 (307)635-5063

Purpose of Screening (Department of Family Services and Child Care Facilities ONLY):

Child Care Subsidy Program: _____ Adoption: _____

Child Care Licensing: X Foster Care: _____

24 Hour Substitute Care Certification: _____ DFS Employment: _____

Other: _____

Volunteer, prospective employee or an employee who has or may have unsupervised access to minors or disabled 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."

The Request: Send a completed Authorization of Release of Information (reverse side) and this application form to Department of Family Services, Division of Juvenile Services, Third Floor Hathaway Building, Cheyenne, WY 82002. **AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM THE DATE SIGNED.** An eight (\$8) fee is required for each individual screened. The requesting organization shall include a check or money order, payable to the State of Wyoming, in the amount of \$8 multiplied by the number of screens requested. If the organization pays with a check, it should use a check drawn on its account. Do not send cash. Submit a self-addressed envelope with the request. Incomplete forms and requests not accompanied by a check or money order will be returned unprocessed.

NOTE: Central Registry Screens and Criminal History Record Prescreens are specific to the State of Wyoming.

(Copy of SS-26 Form will be returned to Applicant within 10 days of receipt)

For DFS office use only.	Date Completed: _____	Ref #: _____
Check #: _____	MO #: _____	
Listed on the DFS Abuse/Neglect central registry:	YES <input type="checkbox"/>	NO: <input type="checkbox"/>
DCI criminal history prescreen:	No Disqualifying information: <input type="checkbox"/>	
You may consider having a complete criminal history background check:	<input type="checkbox"/>	
Instructions for requesting a DCI criminal history records check enclosed:	<input type="checkbox"/>	
Kathy Garcia _____	Christian Smith _____	
Central Registry Specialist	Supervisor/Manager 3	

**AUTHORIZATION OF RELEASE
OF CHILD OR DISABLED ADULT WYOMING CENTRAL REGISTRY
AND CRIMINAL HISTORY PRESREEN RECORD INFORMATION**

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry or Wyoming Criminal History Record presreen to check for abuse, neglect and exploitation of children or disabled adults or crimes against the person(s) or property. 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 criminal or abuse activities may be grounds for termination of employment. **AUTHORIZATION IS VALID FOR 30 DAYS FROM THE DATE SIGNED.**

(Please print or type)

Full Legal Name: _____						
Maiden Name: _____		Aliases: _____				
Social Security Number: _____			Date of Birth: _____			
Ethnicity:	Asian	Caucasian	Black	Sex:	Male	Female
	Hispanic	Native Am.	Other			
Current Address: _____						
City	State	Zip	Phone: () _____			
List All Addresses for past ten (10) years:						

"Voluntarily" List Names of your Children (This information assures accuracy of the screen.):						

In the course of my duties, I will have unsupervised access to (check as many as apply):

Children: Yes No Disabled Adults: Yes No

Both Children and Disabled Adults: Yes No

(Employee's, Prospective Employee's or Volunteer's Signature)

Date (Valid for 30 days)