



# YMCA Childcare Employment Application

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you prevented from being lawfully employed in this country because of VISA or immigration status? \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

<b>Current Certifications</b>	<b>Expiration Date</b>
CPR/First Aid	
Medication Administration	
Daily Health Observation	
Medication Administration	
Child Development Accreditation	
Lifeguard Certification	

<b>Age Group Preferred</b>	<b>Position Applying For</b>
Preschool (ages 3-5)	Lead (must be qualified)
Kindergarten-2nd Grade	Aide
3rd-5th Grade	Driver
Middle School	

Date available \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Where? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

### **Days/Hours Available:**

Monday	Tuesday	Wednesday	Thursday	Friday

Please list all previous experience with children (paid or volunteer). Use a separate sheet of paper if necessary.

Employer _____	Address _____	
Phone Number _____	Supervisor _____	
Dates of Employment _____	to _____	Hourly rate _____
Reason for leaving _____		
List of duties _____		
_____		

Employer _____	Address _____	
Phone Number _____	Supervisor _____	
Dates of Employment _____	to _____	Hourly rate _____
Reason for leaving _____		
List of duties _____		
_____		

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_____		

Employer _____	Address _____	
Phone Number _____	Supervisor _____	
Dates of Employment _____	to _____	Hourly rate _____
Reason for leaving _____		
List of duties _____		
_____		

**References:** Please provide 3 references that we can contact (1 must be a family member) and/or attach 2 letters of reference.

\_\_\_\_\_  
Name Phone # Relationship to applicant

\_\_\_\_\_  
Name Phone # Relationship to applicant

\_\_\_\_\_  
Name Phone # Relationship to applicant

**Education**

High School \_\_\_\_\_ Graduate \_\_\_\_\_

College \_\_\_\_\_ Graduate \_\_\_\_\_

Please list any degrees, certifications, or special courses of study you may have: \_\_\_\_\_

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

Please list any special training skills, activities, military experience, or professional memberships you have (ie Rotary, Kiwanis, etc.)

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

Please answer the following pre-interview screening to the best of your ability.

1. Are you familiar with State Licensing Guidelines? If yes, please explain.

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2. What are some benefits that a structured afterschool program can add to a child's life?

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3. How did you hear about our childcare program? Why do you want to work for us?

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4. Do you feel it is important to be a friend to a child? Explain.

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5. Maintaining ratios in a childcare setting is important. How will you ensure that your availability is consistent?

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### Driving Disclosure

Before driving any vehicle to transport children, I realize that I am required to disclose any moving traffic violations that occurred five years prior to or during employment or assignment as a driver.

\_\_\_\_\_ \*\*Check here if unable to drive \_\_\_\_\_

Signature

Date

**In case of emergency,** notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

"I certify that all information submitted on this application is true and complete. I understand that if any false information, omissions, or misinterpretations are discovered my application may be rejected and if I am employed, my employment may be terminated. In considerations of my employment, I agree to conform to all the YMCA's rules and regulations. I agree that my employment can be terminated with or without cause, with or without notice at any time, at either my option or the YMCA's option. I understand and agree that the terms and conditions of my employment may be changed with or without cause or notice at any time by the YMCA.

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**SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS**  
Please Print

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<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>	<b>Social Security Number</b>
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<b>Current Mailing Address</b>	<b>Street, P.O. Box #, Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Name of Licensed/Registered Approved Facility/Provider</b>	<b>Street, P.O. Box #, Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Have you lived outside of Virginia in the past five years?     Yes     No

If yes, what state(s) have you lived in: \_\_\_\_\_

*Please respond to all four (4) questions below:*

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia?     Yes (convicted in Virginia)     Yes (pending in Virginia)     No

If yes to convicted or pending, specify crime(s): \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia?     Yes (convicted outside Virginia)     Yes (pending outside Virginia)     No

If yes to convicted or pending, specify crime(s) and state, or other location: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia?     Yes (in Virginia)     No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia?     Yes (outside Virginia)     No (outside Virginia)

If yes, specify state, or other location: \_\_\_\_\_

**I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.**

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Signature

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Date

### Explanation of Sworn Statement or Affirmation

**Requirement:** Sections 63.2-1704, 63.2-1720, 63.2-1720.1, 63.2-1721, 63.2-1721.1, 63.2-1722, 63.2-1724 and 63.2-1725 of the *Code of Virginia* (Code) require individuals to provide a sworn statement or affirmation to a licensing, approving or hiring authority, facility, or agency prior to licensure, registration, approval, employment, or provision of volunteer services. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. Additionally for family day homes, the person affirms if he, or if he knows that any person who resides in the home, has a sex offense conviction or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative.

**Who must comply:** These individuals must provide sworn statements or affirmations:

- Applicant upon application for licensure or registration as a child welfare agency, and any subsequent person designated as applicant, licensee, or registrant;
- Agent at the time of application who is or will be involved in the day-to-day operation of the child welfare agency or who is or will be alone with, in control of, or supervising one or more of the children and any subsequent person designated as agent who will be involved in the day-to-day operation or will be alone with, in control of, or supervising one or more of the children;
- Any other adult living in the home of an applicant for licensure or registration or approval as a family day home, or any existing employee or volunteer, and subsequent employee or volunteer or other adult living in the home;
- Operator of family day home requesting approval by family day system;
- Person who signs the statement of intent to operate a religiously exempt child day center;
- Any person who will be expected to be alone with one or more children enrolled in a religious exempt child day center; and
- Any employee or volunteer of a licensed, registered, or approved facility who is involved in the day-to-day operations or who is alone with, in control of, or supervising one or more children.

Note: Any other child day center or family day home that has not otherwise met these requirements, and applies to enter into a contract with a local department to provide child care services to clients of a local department, must also submit a sworn statement or affirmation.

Exception: A parent-volunteer is not required to provide a sworn statement or affirmation. A parent-volunteer is a person supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received satisfactory background checks as provided for in the Code.

Any person making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor.

Further dissemination of the sworn statement information is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.

**Consequence:** If a person required to submit a sworn statement or affirmation (i) fails to submit a sworn statement or affirmation, or (ii) has been convicted of a barrier crime (specified below), or (iii) has been convicted of any other felony in the last five years, or (iv) has been the subject of a founded complaint of child abuse or neglect, and the facility refuses to separate that person from employment or service:

- Licensure, registration or approval of a child day program is prohibited;
- Licensure, registration or approval will be revoked and renewal of a license or registration or religiously exempt status will be denied;
- Religiously exempt status will be revoked; and
- The child welfare agency will not be permitted to receive federal, state or local child care funds.

Exception: A person who wants to operate or to volunteer or work at a facility covered by this regulation, but who is disqualified because of a criminal conviction, or a criminal conviction in the background check of any other adult living in a family day home governed by this regulation may apply for a waiver if: 1) a non-barrier crime felony conviction occurred less than five years ago, or 2) any other adult living in the home of a state regulated family day home applicant or provider has been convicted of not more than one misdemeanor offense of assault and battery or assault and battery against a family or household member. This other adult may not be an assistant or substitute provider.