

YOUTH DYNAMICS

APPLICATION FOR EMPLOYMENT

Youth Dynamics, Inc. (YDI) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any illegal basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Name				
	Last	First	Middle	Date
Present Address				
	Street	City	State	Zip
Permanent Address				
	Street	City	State	Zip
Phone Numbers				
	Home	Cell	Email	
How did you hear about this position? <i>Newspaper, television, other?</i>				Are You 18 Years of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DESIRED

Requested Position	Location	Date You are able to start:	Salary
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Inquire of Your Present Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Ever Applied to YDI Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree (s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate, Business, Trade or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL INFORMATION

Subjects of Special Study or Research Work

Job Related Skills (Typing, Driver's License, Computer Skills, MANDT, First Aid, CPR, etc.)

Please complete all information. Complete applications will be given preference.

FORMER EMPLOYERS *(List below your last four employers, starting with the last one .)*

Date (Month and Year)	Name, Address, and phone number of Employer	Salary (Upon Leaving)	Position	Reason for Leaving
Start Date				
End Date				
Start Date				
End Date				
Start Date				
End Date				
Start Date				
End Date				

PROFESSIONAL REFERENCES *(List below three references not related to you, whom you have known professionally for at least one year.)*

Name	Address and Phone Number	Position	Years Acquainted

AUTHORIZATION

If you are to be hired by Youth Dynamics, Inc. (YDI), you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Have you ever plead guilty or “no contest” or been convicted of a serious misdemeanor or felony? *No Yes* (if yes, list dates and details). Note: Answering yes to this question does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. In answering these questions, do not include the following? 1) minor traffic infractions; 2) convictions for which the record has been sealed or expunged; 3) referral to or participation in any diversion programs; 4) marijuana-related offenses that occurred over 5 years ago. _____

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by YDI.

I understand that any employment is conditioned on a background check. I authorize YDI to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to YDI, without giving me prior notice of such disclosure. In addition, I release YDI, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract.

This application will be considered active until the bona fide solicited position, which the applicant applied for, is filled or closed.

I understand that filling out this form does not indicate there is a position open and does not obligate YDI to hire. If hired, I agree to abide by all of YDI’s work rules, policies and procedures. YDI retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature _____

Date _____



**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**

STATE OF MONTANA

**- RELEASE OF INFORMATION -
For Registered and Licensed Child Care Providers
Criminal / Protective Service / Motor Vehicle
Background Checks**

PERSONAL INFORMATION

Section A – Current Information

Phone # _____

Legal Name: _____
(First) (Middle) (Maiden) (Last)

Aliases/Other Names Used: _____

Residential Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Sex: Male Female Date of Birth: _____ Social Security # _____

Section B – Past Residences

Within the last five (5) years, have you...

1. ...lived in another state? Yes No

2. ...lived on or do you now live in an area designated as an Indian reservation? Yes No

If you answered yes to the any of the above questions:
 ➤ Please state where you have lived in the table below.
 ➤ You will need to obtain an out of state background check or a tribal background check at your cost.

City	County	Reservation	State	Dates of Residency (From – To)

Section C – Prior Caregiver Approvals

Have you been...
 ...registered / licensed to care for children before? Yes No
 ...approved, in any capacity, to provide care in a child care facility? Yes No

IF YES: Please give the Director / Facility Name and the Dates at the facility.

(Director / Facility Name) (Dates)

(Director / Facility Name) (Dates)

PLEASE COMPLETE BOTH SIDES OF THIS FORM

FACILITY INFORMATION

Section D – Employment Status

The facility that I am working / living at is:

Provider #: _____

Director Name / Facility Name: _____

Facility Mailing Address : _____

My ROLE with this facility is (please check all that apply):

Center Use Only:

- | | |
|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Substitute Provider |
| <input type="checkbox"/> Primary Caregiver | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Aide | <input type="checkbox"/> Non-Provider Staff |

Family and Group Only:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Primary Caregiver | <input type="checkbox"/> Adult Child |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Other Adult |
| <input type="checkbox"/> Non-Provider Staff | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Substitute Provider | |

My START DATE at this facility is: _____

Section E – Authorization Statement and Signature

I, _____ (applicant name), am aware that _____ (provider or its authorized representative), has requested confidential information from the Montana Department of Public Health and Human Services, in accordance with 41-3-205(3)(o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to any substantiated report(s) of child abuse or neglect in Montana, criminal history records, and motor vehicle records. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to _____ (provider or its authorized representative), and I **hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.**

NOTE: Any deletions or oversights may result in the denial of your application.

Signed: _____ Date: _____

(To be signed in front of a notary)

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, sworn, and subscribed before me this _____ day of _____ A.D. _____

Notary Public for the State of Montana

Residing at: _____

My commission expires: _____