

**Boys & Girls Clubs and YMCA of Greater Waterville
at the Alford Youth & Community Center**

126 North Street, Waterville, ME 04901
P: 207.873.0684 • F: 207.861.8016 • clubaycc.org



Employment Application

Last Name	First Name	Middle	Date
Street Address			Phone
City	State	Zip	Phone
Email Address			Social Security #
Position Desired		Available for work (circle all that apply): Full-Time Part-Time Days Evenings Weekends	
Are you 18 years of age or older:		Are you a US Citizen or an alien authorized to work in the U.S.?	
Do you have a valid driver's license?		License Number & State	State
Have you ever been convicted of any motor vehicle violations in the past 5 years? Yes No		Have you ever served in the military? Which branch?	
Have you ever been convicted of a crime or plead guilty, "nolo," or no contest? If yes, please explain in detail Use additional paper if necessary. Yes No			
Is there any criminal action currently pending against you? If yes, please explain in detail. Use additional paper if necessary. Yes No			
Have you ever had a professional or business license or certification revoked or suspended or have you ever voluntarily surrendered a professional or business license or certificate? If yes, please explain in detail. Use additional paper if necessary. Yes No			

Education

School	Name	Course of Study	# of Years Completed	Did you Graduate	Degree or Diploma
High School					
College					

Employment and/or Volunteer History

Please give accurate and complete information, including month and year. Start with your present or most recent employer.

1	Company Name	Phone
	Address	Dates of Employment From _____ To _____
	Name of Supervisor & Email Address	Reason for Leaving
	Job title and brief description of duties	

2	Company Name	Phone
	Address	Dates of Employment From _____ To _____
	Name of Supervisor & Email Address	Reason for Leaving
	Job title and brief description of duties	

3	Company Name	Phone
	Address	Dates of Employment From _____ To _____
	Name of Supervisor & Email Address	Reason for Leaving
	Job title and brief description of duties	

Professional References

Please provide three (3) references of persons unrelated to you.

	Name	Relationship	Phone Number	Email Address
1				
2				
3				

- I understand that any false statements, misrepresentations, or omissions made by me orally or on this application, or any other documents in connection with my application, may be grounds for denial of employment or dismissal after employment, regardless of when and how discovered.
- I understand that if an offer of employment is made, I will be subject to a comprehensive background check.
- It is the policy of the Alford Youth & Community Center to provide equal employment opportunities to all applicants and employees without regard to race, color, gender, physical or mental disability, religion, age, national origin, or other legally protected status.
- I certify that answers and statements made by me in this application are true, complete, and accurate to the best of my knowledge and belief. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant

Date

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Statement of Applicant

In the Alford Youth & Community Center's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the Alford Youth & Community Center, an extensive inquiry will be made concerning my prior employment; activities, character and health, and I fully consent to and authorize all such inquiries.

In the event of my employment by the Alford Youth & Community Center, I will comply with all policies set forth in the personnel policies and with other policies established from time to time by the organization. I authorize the Alford Youth & Community Center to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment. I understand that my continued employment is contingent upon passing the criminal history background check.

I understand that it is this agency's policy to secure conviction criminal history information as part of the pre-employment screening process. I will provide the requested information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the Alford Youth & Community Center does not condone child abusers and that the Alford Youth & Community Center will be seeking information in my background related to child abuse.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or after employment, may be cause for termination of employment with the Alford Youth & Community Center.

I understand that the Alford Youth & Community Center will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if hired as an Alford Youth & Community Center employee or volunteer, I am not allowed to fraternize with the Alford Youth & Community Center youth members or participants outside of the Alford Youth & Community Center programs, especially babysitting or inviting children to my home.

I understand and agree that if I am employed, there is no contract period of employment and my employment would be solely an "employment at will" giving either me or the Alford Youth & Community Center the right to terminate my employment at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant

Date

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AYCC Criminal History Background Check

I authorize the Alfond Youth & Community Center to perform a criminal history background check.

Date _____

Purpose of Request: Volunteer _____ or Employment _____

First Name _____ Middle Initial _____ Last Name _____

Previous Name (Married/Maiden/Other) _____

Physical Address (No P.O. Box) _____

City _____ State _____ Zip Code _____

Prior Physical Address (No P.O. Box) _____

City _____ State _____ Zip Code _____

Home Telephone _____

Driver's License Number _____ State _____

Social Security Number _____

Date of Birth _____

Signature _____ Date _____

Person Inquiring: Jeanine Libby, Human Resources Generalist
Organization: Alfond Youth & Community Center
Address: 126 North Street, Waterville, Maine 04901

Our Mission: To inspire and enable all young people and their families to realize their full potential as productive, responsible, and caring citizens.



**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: **851**

Jeanine Libby
Waterville Boys & Girls Club/YMCA
Alfond Youth Center, 126 North Street
Waterville, ME 04901

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine; a postage paid return envelope is enclosed.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person has no substantiated findings of Child Abuse or Neglect in the State of Maine.

DHHS, OCFS, Child Protective Staff

IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT→
Updated 2020



MEVECHS Program Waiver Agreement and Statement

(Maine Volunteer and Employee Criminal History Service)
Maine State Police, State Bureau of Identification

Pursuant to the National Child Protection Act, as amended by the Volunteers for Children Act (NCPA/VCA), this form must be completed and signed by every current or prospective applicant for whom fingerprint-based criminal history records are requested by a Qualified Entity (QE).

I, the undersigned, hereby authorize

Alfond Youth & Community Center

Name of Qualified Entity (QE)

to submit a set of my fingerprints to the Maine State Police-State Bureau of Identification (MSP-SBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Maine record from the MSP-SBI, and any national criminal history record from the FBI pursuant to 28 CFR Sections 16.30-34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement and Statement, it is my intent to authorize the dissemination of any Maine and national criminal history record that may pertain to me to the QE.

I understand that, until the criminal history background check is completed, the QE may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the QE may provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made based on Maine Statute Title 16 §709 and Code of Federal Regulations(CFR) Title 28 § 16.30-34.

I have ____ OR have not ____ been convicted of a crime.

If convicted, please describe the crime(s), date and location of the crime(s) and the name of the convicting court:

I hereby declare that I am the person described below, and understand that any falsification of this statement can result in the termination of my participation.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

This document must be retained by the QE and is subject to audit by the MSP-SBI and FBI.