



**DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DIVISION OF YOUTH SERVICES
FAMILY & YOUTH ENHANCEMENT PROGRAM**

Kagman Community Center, P.O. Box 501000 C.K., Saipan, MP 96950



**DYS SPORTS & CULTURAL AWARENESS
* AFTER SCHOOL PROGRAM**

PROGRAM REQUIREMENTS/AFTER SCHOOL PROGRAM WORKERS MUST:

- ✓ Be 18 years or older and enjoy working with children
- ✓ Be a high school graduate
- ✓ Have at least 1 year of experience in an early childhood or school setting
- ✓ Be willing to participate in training sessions provided by the Division of Youth Services
- ✓ Be able to work up to 30 hours per week

REQUIRED DOCUMENTS (*to be submitted*):

Please ensure the following documents are completed and submitted:

- _____ Application Form
- _____ Copy of High School Diploma
- _____ Resume
- _____ Two (2) Reference Letters
- _____ Traffic Clearance
- _____ Police Clearance
- _____ Copy of Valid Government-Issued Driver's License

The following documents will be requested upon hire:

- Criminal Background Check (SORNA)
- Business License & Tax ID Card Number
- Child First Aid & CPR Certification
- Food Handlers Permit

ADDITIONAL REQUIREMENTS:

- Must not have committed or been convicted of child abuse or any crime involving physical harm to another person
- Must be able to provide additional documents as requested



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DYS KCC Sports & Cultural Awareness
After School Program
PROGRAM WORKER APPLICATION FORM

**Applicant
Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Gender	Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Ethnicity	Village	Home Phone
<input type="text"/>		<input type="text"/>
Email Address		Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	P. O. Box Number	State & Zip Code

Person to contact in case of an emergency:

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name	First Name	Middle Initial
Phone No:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home	Work	Cell
Relationship:	<input type="text"/>	Home Address:	<input type="text"/>

Please list two- (2) references (*not family members*) whom we may contact. At least two- (2) of the references should be able to provide comments on your past experience and ability to work with children.

Name:	<input type="text"/>	Contact No.:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>

In what context do you know this person?

Name:

Contact No.:

Address:

Email:

How did you learn of the DYS Sports & Cultural Awareness- AFTER SCHOOL PROGRAM?

If accepted as a CCDF After School Program Worker, can you make a six- (6) month commitment to the Program?

Yes No

If accepted as a After School Program Program Worker, can you make a weekly commitment of up to 30 hours a week? Yes No

Do you have a valid drivers license and would you be able to operate a government vehicle: Yes No

Have you ever been convicted of a crime involving child abuse (*physical, sexual or neglect, endangerment or domestic violence*) or physical harm involving another person? Yes No

If yes, please explain:

Have you ever been convicted of any other crime? Yes No

If yes, please explain:

Are you willing to participate in a job interview and 8 hours of preservice training? Yes No

Please describe your experience and interest in working with at-risk children or children with disability. You may also comment on any special skills, interests or talents that you would bring to the DYS S&CA- After School Program.

Please read the following and sign below:

I understand that this position requires that a criminal records check be performed on me. I consent to having this criminal records check performed, and understand that a cleared report is a prerequisite for selection.

I understand that this position requires the checking of references. I authorize the DYS Family & Youth Enhancement Program or its representatives to contact the references I provided on this application for information as a prerequisite for selection.

I have read all the statements on this application. I certify that the information I provided throughout the application is true and complete. I understand that any omission, misinformation, or untruths on this application may be grounds for termination.

Signature of Applicant

Date

FOR OFFICE USE ONLY:	
Application Complete:	[] Yes [] No
Date:	
Time:	
Received By:	
Reference Check Complete	[] Yes [] No