

YMCA of Chattanooga Payroll Packet Instructions

Please follow these instructions for each page of the packet to ensure your packet is complete.

YMCA Personnel Check List- Print your name at the top and sign and date this form. Leave everything else blank.

Job Classification Information- Only fill in: Name, Social Security, Branch (Ocoee), Department (Camp, Kitchen, or Maintenance).

Employee Statistical Information- Complete this entire form, sign and date.

Application for Employment- Complete this application and sign on the back page

Form W-4- Fill out the bottom portion of this form. Use the worksheet at the top if you are unsure of what to claim. **Must have a number in box 5 or "exempt" in box 7 and Sign where it says "Employee's Signature"**. If your parents claim you on their taxes, you are "Exempt". The address used on this form is where your W-2 will be mailed (this is the form needed to complete your taxes).

Form I-9- Section 1 must be completed (all boxes). **Must be signed in box at bottom of section 1 (Signature of Employee and Date, just above "Preparer and/or Translator...)**. **You must include a copy of approved documents. One from List A or one from list B and C.** These documents must be current and cannot be expired.

Reference Check- Counselors and other camp staff. Write your name at the top of the form. Leave all other lines blank. All staff must have 3 references on file at camp. Use included form, which can also be found on our jobs page at <https://www.ymcacampcoee.org/job-opportunities>, to give to your references to fill out.

Emergency Contact Information- Complete this entire form

YMCA Retirement Fund- Complete all the information in the first box. Assuming you do not want to open a retirement savings account since you are a seasonal employee, you **must decline (check box), sign and date (employee Signs)**.

Background Check Request- Complete Name, Email address and check box for Drivers License

YMCA of Chattanooga Direct Deposit Authorization Form- All staff should use direct deposit for your pay check. Complete the entire form and include a voided check, voided deposit slip, or letter from bank with account information **for Direct Deposit**. You get paid faster with Direct Deposit. It is processed Thursday night.

Community Support Campaign- Each summer camp provides scholarships to 25% of the campers. All of the funds for these scholarships come through the annual Community Support Campaign. Please consider using Payroll deduction to make a gift to this important campaign. \$10 per week would be \$100 at the end of the summer.

YMCA PERSONNEL CHECK LIST

Print Name _____

Please check in the appropriate spaces after each one has been completed. Forms are to be kept in applicant's personnel jacket.

PERSONNEL JACKET INFORMATION FOR METRO:

- | | |
|--|--|
| 1 Job Classification Info _____ | 8 Emergency Contact Information _____ |
| 2 Employee Statistical Info _____ | 9 403(b) Smart Account enrollment form _____ |
| 3 Application for Employment _____ | 10 Background check results _____ |
| 4 W-4 form _____ | 11 Copies of Certifications (job specific) _____ |
| 5 I-9 form (w/copies of ID included) _____ | 12 United Way (optional) _____ |
| 6 Reference Check Sheet _____ | 13 YMCA Community Support (optional) _____ |
| 7 YMCA Personnel Check List _____ | 14 Direct Deposit Auth (optional) _____ |

CHILD CARE STAFF ONLY

Information for Licensing to be kept in your files:

- | | |
|------------------------------|----------------------------------|
| TB test _____ | Personnel Policies _____ |
| Health form _____ | Philosophy _____ |
| 3 - Written References _____ | Emergency Procedures _____ |
| Application _____ | Discipline Procedures _____ |
| Orientation of Program _____ | Record Keeping _____ |
| Job Description _____ | Child Abuse Detection _____ |
| First Aid _____ | Overview of Licensing Requ _____ |
| CPR _____ | Workshop & Training (6hrs) _____ |
| Childcare Policy _____ | Part-time Guidelines _____ |

All employees must sign below:

I have read and received copies of the following:

- Standards of Ethical Behavior/Prevention of Child Abuse
- Marketplace Notification
- Whistle Blower Policy
- Code of Conduct
- YMCA Retirement Fund
- Social Media Policy

Signature _____

Date _____

Supervisor's Signature _____

Date _____

Job Classification Information

(Use for Change to Job Codes)

Name: _____ Hire Date: _____
 SS# or Emp ID#: _____ Branch 0000 Department _____

Please check one for each of the following questions:

1. New Employee Rehire _____ 3. Add/Delete/Change Job Codes _____
 2. Position: Full time _____ Part time

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution <u>7</u> <u>40</u> <u>00000</u> <u>2120</u>				
Branch Dept PCS Code Account				Metro use/code

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution <u>7</u> <u>55</u> <u>00000</u> <u>2120</u>				
Branch Dept PCS Code Account				Metro use only

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution _____				
Branch Dept PCS Code Account				Metro use only

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution _____				
Branch Dept PCS Code Account				Metro use only

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution _____				
Branch Dept PCS Code Account				Metro use only

Include any information which may be needed pertaining to this employee

Supervisor's Signature _____ Date: _____

Branch Executive: _____ Date: _____

METRO USE ONLY	
AS400 _____	by _____
Stratus <input checked="" type="checkbox"/>	by <input checked="" type="checkbox"/>
Telky cc <input type="checkbox"/>	by <input type="checkbox"/>

Employee Statistical Information

Name: _____

Social Security No.: _____

Birth date: _____

Please circle or check only one for each of the following questions:

1. Sex: Male _____ Female _____

2. Ethnic origin:

- 1) Black/African American (Not Hispanic or Latino)
- 2) Hispanic or Latino
- 3) Asian (Not Hispanic or Latino)
- 4) American Indian or Native Alaskan (Not Hispanic or Latino)
- 5) White (Not Hispanic or Latino)
- 6) Native Hawaiian or Pacific Islander (Not Hispanic or Latino)
- 7) Two or More Races (Not Hispanic or Latino)

3. Marital status: Single _____ Married _____

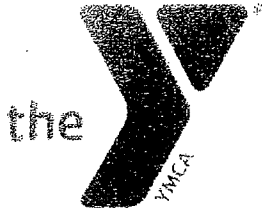
4. Handicapped: Yes / No

5. Vietnam era veteran: Yes / No

6. Disabled veteran: Yes / No

Employee's Signature

Date



FOR YOUTH DEVELOPMENT[®]
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

EMPLOYMENT APPLICATION – YMCA of Metropolitan Chattanooga

Thank you for your interest in the YMCA!

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

Personal Information

Position Applying For: _____ Date: _____

Preferred YMCA Location: _____ Date Available: _____

NAME: _____ E-mail: _____
 Last First MI

Address: _____
 Street City State ZIP

Telephone: Home ____/____/____ Business ____/____/____ Mobile ____/____/____

Are you 18 years of age or older? *(If not, you may be required to provide work authorization.)* Yes

No

If hired, can you provide verification of your legal right to work in the United States? Yes

No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes

No

Have you ever been convicted of a crime or pled no contest? If yes, please provide a date, location, charges and a complete explanation of all offenses. *(A conviction will not necessarily bar employment. The YMCA will consider the nature, date and circumstances of the offenses.)* Yes

No

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

Employment Application

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status: Full-time Part-time Seasonal As Needed

Have you previously been employed by this YMCA or any other YMCA? Yes No

If yes, when? At which locations?

Have you previously volunteered at this YMCA or any other YMCA? Yes No

If yes, when? At which locations?

Do you have any relatives or household members currently working for this YMCA? Yes No

If yes, name(s) and relationship:

How did you hear about this opening? YMCA staff referral YMCA member
 School Advertisement
 Walk-in Other _____
 YMCA website

Education & Training

Educational Background					
	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

Describe any non-employment experience such as school or volunteer activities that might strengthen your application:

Safety & Job Specific Certifications			
Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

The Y: We're for youth development, healthy living, and social responsibility.

Employment Application

List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.			
Employer	Telephone /	Dates Employed From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title	Starting Hourly Rate/Salary \$ _____ per _____		
Immediate Supervisor and Title		Ending Hourly Rate/Salary \$ _____ per _____	
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Telephone /	Dates Employed From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title	Starting Hourly Rate/Salary \$ _____ per _____		
Immediate Supervisor and Title		Ending Hourly Rate/Salary \$ _____ per _____	
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Telephone /	Dates Employed From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title	Starting Hourly Rate/Salary \$ _____ per _____		
Immediate Supervisor and Title		Ending Hourly Rate/Salary \$ _____ per _____	
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Telephone /	Dates Employed From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title	Starting Hourly Rate/Salary \$ _____ per _____		
Immediate Supervisor and Title		Ending Hourly Rate/Salary \$ _____ per _____	
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in your employment history.			
What other business experience, personal experience or training have you had that may have prepared you for this position?			

The Y: We're for youth development, healthy living, and social responsibility.

Employment Application

Application Acknowledgement and Authorization
Please read all statements and sign below:

I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.

I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery.

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. If hired, I agree to abide by YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

Signature: _____ Date: _____

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date ▶	
9 First date of employment			10 Employer identification number (EIN)		



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space
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Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <i>Assistant Camp Director</i>	
Last Name of Employer or Authorized Representative <i>Schwabe</i>		First Name of Employer or Authorized Representative <i>Chelsea</i>	Employer's Business or Organization Name <i>YMCA Camp Ocoee</i>	
Employer's Business or Organization Address (Street Number and Name) <i>111 YMCA Dr</i>		City or Town <i>Ocoee</i>	State <i>TN</i>	ZIP Code <i>37361</i>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Reference Check

References for: _____

A responsibility of an employer is checking references on all applications before the hiring process is completed. It is your responsibility to check all references and sign at the bottom of this sheet, verifying that you have checked references.

1. _____

Name	(FORMER EMPLOYER)	Phone
Address		Email Address
Comments		
Comments		

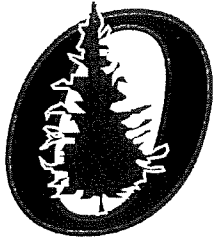
2. _____

Name		Phone
Address		Email Address
Comments		
Comments		

3. _____

Name		Phone
Address		Email Address
Comments		
Comments		

Supervisor's Signature



CONFIDENTIAL – STAFF REFERENCE

YMCA CAMP OCOEE

Telephone #: 423-338-5588

_____ applied for a staff position at YMCA Camp Ocoee and has given your name as a reference. The applicant is being considered for a staff position within our camp. We would appreciate it if you would give us a frank and honest appraisal of the applicant's qualifications to the best of your ability. We have a great responsibility in selecting the persons who are to be counselors and role models for our campers during the camp season. Therefore, we would hope that your comments and rating will be candid withholding nothing favorable or unfavorable. Please be assured that your opinion will be treated as confidential and will be one of the important factors in our decision.

YMCA Camp Ocoee has several key aspects of our program which identify our unique camp culture, tradition and identity. Understanding and adhering to these principles is VITAL for our goal of positively strengthening the lives of camp participants, young and old.

The most important aspects that define the YMCA Camp Ocoee culture and identity include:

- 1 **Christian Values & Emphasis:** we strive to put God first, others second and ourselves third in all we do. "I'm Third" signs are posted throughout camp as a continual reminder of this way of life. We use Bible scripture as part of daily devotions to develop the spiritual foundation of positive growth
- 2 **YMCA Affiliation:** our overall program follows the Y's mission of strengthening the spirit, mind and body for complete wellness
- 3 **Outdoor Adventure & Wilderness Setting:** our camp is in the middle of the Cherokee National Forest and on a large lake, 20 minutes away from the nearest "large town." We utilize this setting to engage our participants in wilderness based adventure activities and reflection
- 4 **Skill Development:** we teach program areas as ways to enhance their proficiency in that particular program area (archery, waterskiing, climbing, swimming et.). We also use these skills to tie into life lessons.
- 5 **Fun:** camp is also about fun, laughter, singing songs, playing games and stepping out of comfort zones

How well do you know the applicant? (check one)

- Very Well Rather Well Casually

In what capacity have you known the applicant? (check one)

- Teacher Friend Employer Supervisor Co-Worker
 Other: _____

Please check those qualities which best describe the applicant.

- | | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Creative | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Determined | <input type="checkbox"/> Easy Going | <input type="checkbox"/> Empathetic | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Loyal | <input type="checkbox"/> Moody | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Permissive | <input type="checkbox"/> Private | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Self Starter | <input type="checkbox"/> Serious | <input type="checkbox"/> Shy | <input type="checkbox"/> Other: _____ |

Please continue on reverse side

Basing your judgment on young people you know, how do you feel the applicant would rate according to the following qualifications (Denote with an "X"):

Personal Qualities	Outstanding	Excellent	Good	Satisfactory	Unsatisfactory	Not Observed
1. Appearance & hygiene						
2. Health, energy & endurance						
3. Emotional maturity & stability						
4. Judgment						
5. Patience						
6. Sense of responsibility						
7. Self confidence						
8. Ability to accept constructive criticism						
9. Punctuality						
10. Respect for facilities & equipment						
11. Positive attitude						
12. Strong religious or moral principles/values						
13. Written communication						
14. Safety mindedness						
15. Housekeeping						
16. Attention to details						

To the best of your knowledge:

- Has this person ever been discharged from a job: _____
- Does this person abuse alcohol or use illegal drugs: _____
- Has this person ever been convicted of a crime: _____

If your answer was "yes" to any of the above questions, please comment below:

Other General Remarks/Comments:

Overall Recommendation:

- I recommend hiring this applicant without reservations
- I recommend hiring this applicant with *some* reservations (please list below)
- I do *not* recommend that this applicant be hired (please explain below)

Date: _____

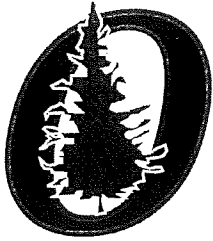
Signature: _____

Print Name: _____

Email: _____

Tel. #: _____

Please remit to: Assistant Camp Director, YMCA Camp Ocoee
 111 YMCA Dr., Ocoee, TN 37361
 Email: cschwabe@ymcachattanooga.org ~ Fax: 423-338-5507



CONFIDENTIAL – STAFF REFERENCE

YMCA CAMP OCOEE

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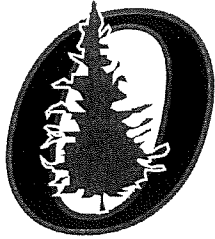
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Email: _____

Tel. #: _____

Please remit to: **Assistant Camp Director, YMCA Camp Ocoee**
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Email: cschwabe@ymcachattanooga.org ~ Fax: 423-338-5507

Emergency Contact Information

Employee Name: _____ please print

Address: _____

City/State/Zip: _____

Phone: _____

I, _____ employee's signature _____, hereby authorize the YMCA, to contact the following person(s) in case of any emergency.

Please print the information clearly for anyone you would like for us to contact in case of an emergency.

Contact #1

Name: _____
Relationship: _____
phone: _____ phone: _____

Contact #2

Name: _____
Relationship: _____
phone: _____ phone: _____

Contact #3

Name: _____
Relationship: _____
phone: _____ phone: _____

Supervisor should keep copy of this information on file at branch location and send original to Metro inside personnel file.

Supervisor's signature

Date



YMCA RETIREMENT FUND
SAVINGS FOR LIFE

403(B) SMART ACCOUNT

This form should be used to open, change, or decline a 403(b) contribution amount. This request will replace any previous request.

Employee Authorization

Male Female Single Married Divorced Widowed

First Name _____ Middle _____ Last Name _____ Date of Birth (mm/dd/yyyy) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Name of your YMCA _____

Job Title _____ Date of Hire (mm/dd/yyyy) _____ Social Security Number _____

Choose one: a contribution of _____ % of my salary, per pay period to begin on _____/_____/_____ (mm/dd/yyyy)

a contribution of \$ _____ per pay period to begin on _____/_____/_____ (mm/dd/yyyy)

a one-time contribution of \$ _____ from my paycheck on _____/_____/_____ (mm/dd/yyyy)

I decline to participate in the 403(b) Smart Account

I understand that these funds are for use as an annuity at retirement or a distribution upon termination of employment in accordance with the terms of the Savings Plan. In the event of my death prior to retirement or termination, my account balance will be paid to my spouse or named beneficiary(ies), as determined by the terms of the Savings Plan.

If I authorize a contribution to the 403(b) Smart Account, by signing here I agree to the *Salary Reduction Agreement* detailed below. I understand that if I am not yet a participant in the Retirement Plan, once I become enrolled in the Retirement Plan and the YMCA starts making contributions on my behalf, this may reduce the amount I am eligible to contribute to my 403(b) Smart Account.

EMPLOYEE SIGNS _____ Date (mm/dd/yyyy) _____

YMCA Authorization (Human Resources Department)

(Name of YMCA) _____ (YMCA #) _____ agrees to the terms of the Salary Reduction Agreement below and will send the YMCA Retirement Fund the stated employee's contribution for his/her 403(b) Smart Account.

LOCAL PLAN ADMINISTRATOR SIGNS _____ Date (mm/dd/yyyy) _____

Keep this completed form at your YMCA. Do not send it to the Fund. Use YERDI to process all 403(b) Smart Account contributions.

Salary Reduction Agreement

This salary reduction agreement enables a YMCA employee to make pre-tax contributions (excluding Social Security and Medicare taxes) to the YMCA Retirement Fund Tax-Deferred Savings Plan ("Savings Plan") to be allocated to his or her Savings Plan account ("Account").

We, the participating YMCA and employee, agree that the employee's compensation (as defined in the Savings Plan) will be reduced as stated on this form. The voluntary contributions will be contributed to the employee's Account in the Savings Plan. Salary reductions apply only to compensation earned after completing this agreement and cannot be retroactive. Employees are always vested in their Account.

Contributions made under this agreement are not subject to federal income tax until distributed and may not exceed federal contribution limits. Any contributions over the limit will be returned to the employee and will be part of taxable compensation. Contributions are not reported as a part of "wages, tips, other compensation" subject to federal income tax on the partic-

ipant's IRS Form W-2 (however, they will be reported elsewhere on the form). Contributions are subject to Social Security and Medicare taxes, and may be subject to state income tax. Responsibility for withholding and reporting any Social Security, Medicare and state income tax rests with the YMCA.

Changes in contributions of a set dollar amount each payroll period will require that a new form be completed by both the YMCA and the employee. If the contributions are based on a percentage of compensation, there is no need to fill out a new form for compensation changes, unless the participant so chooses.

The IRS permits pre-tax saving as a method of building savings for retirement. There are no withdrawals while working for the YMCA except in the case of personal hardship as provided under federal law. Hardship withdrawals are subject to income tax and an early withdrawal penalty tax if the employee is not 59½.

If the participating employee leaves the YMCA, they may leave their Account in the Savings Plan to grow with interest until they

begin retirement benefits. Inactive participants with Account balances of \$5,000 or less may be subject to an immediate distribution or mandatory rollover as provided under Savings Plan terms and as permitted by federal law. If they withdraw their tax-deferred money, they may roll it over within 60 days to another eligible employer plan or IRA without federal tax consequences. However, if they do not roll it over, it is subject to income tax and usually an early withdrawal penalty tax if they are not 59½.

This agreement shall continue indefinitely unless the employee chooses to terminate it. It can be revoked by the employee at any time, although contributions will stop at the end of the payroll cycle. Termination of employment terminates this agreement and re-employment requires re-application to contribute to an Account.

This agreement is not an employment contract, and creates no rights to continued employment by the YMCA.

KEEP A COPY FOR YOUR RECORDS

YMCA Retirement Fund
120 Broadway, New York, NY 10271 1999
Tel 646 458 2400 or 800 RET YMCA
processingdept@ymcaret.org, www.yretirement.org



* 0 1 A D D L C O N T *

SMART 1/5/17



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF METROPOLITAN CHATTANOOGA BACKGROUND CHECK REQUEST

The YMCA of Metropolitan Chattanooga takes very seriously our commitment to protecting children. As part of your application to work, volunteer or contract with the Y, you will need to undergo a background check. Please complete the information below to initiate the process.

Name: _____ Email: _____

Do you, the applicant, have a Driver's license?: Yes No

Branch: None Position: _____

Supervisor: Chelsea Schwabe

Check one: Employee Volunteer Contractor

What's next?

You will receive an email from the YMCA providing an authorization form and information request. **Please respond to this email as soon as possible so as not to delay your work with the Y.** Please check your junk or spam folder if you do not receive it. Thank you.



YMCA of Metropolitan Chattanooga • 301 W. Sixth Street • Chattanooga, TN 37402
423-265-8834 • www.ymcachattanooga.org

Name (Please print.)

Preferred Address

City, State, Zip

Home Phone

Work Phone

Email

Community Support Campaign (Staff Pledge Card)

In support of the YMCA's mission to put Christian principles into practice through programs that build healthy spirit, mind, and body for all, I/we pledge \$_____ to the YMCA Community Support Campaign. My home branch is _____

*Staff Payroll Deduction option: _____ payments of \$_____ for a total pledge of \$_____.
(Pledge can be spread over 25 pay periods beginning with the first pay period in January and ending after the first pay period in December.)*

One-time payment of: _____ Enclosed _____ To be paid on _____

Signature

Date

Please (print) indicate how this gift should be recognized in published donor lists.

The YMCA's fiscal year begins Jan. 1 and concludes Dec. 31. Gifts are tax-deductible to the fullest extent allowed by law. Pledge reminders will be sent according to the schedule outlined above.

YMCA of Metropolitan Chattanooga Direct Deposit Authorization form

You can establish direct deposit in up to 3 United States financial institutions for Payroll Payments only. You have the option to indicate a dollar amount to be deposited in to the first two accounts and the remaining balance will go to the third account.

Employee's Name (please print)

- Check one: **Deposit directly to my account(s)**
Note: Will take at least 2 pay periods to allow for pre-note process
- Change Financial Institution(s) and/or Account Number(s)**
(You will receive a payroll check until the new account is established)
- Change amount(s) deposited in account one or two**
- Cancel direct deposit**

MANDATORY: A VOIDED CHECK OR A SAVINGS DEPOSIT SLIP MUST BE ATTACHED TO THE BACK OF THIS FORM FOR EACH ACCOUNT LISTED BELOW

	\$ Amount	Financial Institution	Account Number
1			
2			
3	xxx{Net pay}xxx		

I authorize the YMCA of Metropolitan Chattanooga to automatically deposit my net pay each pay day into my account(s) designated above (or cancel direct deposit). The YMCA will ensure that the funds are available at noon on each pay day. However, I understand that it is still my responsibility to check to make sure the funds have been deposited. In the event that the YMCA notifies the financial institution(s) that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the financial institution(s) to return those funds to the YMCA. If the funds deposited erroneously to my account have been drawn from that account so that the return of those funds by the financial institution(s) to the YMCA is not possible, I authorize the YMCA to recover those funds by off setting the amount from any future payments from the YMCA until the amount of the erroneous deposit has been recovered.

Employee's signature

Date