

JobTitle 2: _____ Company Name: _____
Supervisor's Name: _____ Supervisor's Phone: _____
Start Date (MM/YY) _____ End Date(MM/YY) _____
Reason for Leaving: _____

JobTitle 3: _____ Company Name: _____
Supervisor's Name: _____ Supervisor's Phone: _____
Start Date (MM/YY) _____ End Date(MM/YY) _____
Reason for Leaving: _____

Reasons for non-continuous work History: _____

REFERENCES:

Immediate family member

Name: _____ Phone _____ Relationship _____ Years known _____

Reference: Work or Volunteer not listed under work history i.e. teachers, coach, staff from other organizations

Name: _____ Phone _____ Relationship _____ Years known _____

Name: _____ Phone _____ Relationship _____ Years known _____

Highest Level of education:

High school/GED College Trade School Other certifications or degrees held _____

Do you hold current certifications in the following areas?

Lifeguard Training Yes No

CPR (infant / child / adult) Yes No

AEO Yes No

First Aid Yes No

Water Safety Inst Yes No

AA or AS college degree Yes No

BA or BS Yes No

MA or MS Yes No

List other address(es) where you have lived/worked outside of Idaho within the last 10 years:

Street address _____ City _____ State _____ Zip _____

Please read and sign the Statement of Application concerning the YMCA of Twin Falls application policies. This application cannot be accepted if this section has not been completed.

STATEMENT OF APPLICATION

Initial ___ I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct.

Initial ___ I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA's service, upon discovery.

Initial ___ I expressly authorize, without reservation, the YMCA, its representatives, employees or agents to contact and obtain information necessary to be used in the employment process.

Initial ___ I understand upon offer of employment, the YMCA of Twin Falls will conduct a criminal background check prior to and during my employment as well as child abuse registry check.

Initial ___ I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser. I understand that the YMCA of Twin Falls does not condone child abuse.

Initial ___ I understand that the YMCA is an equal opportunity employer. It is the policy of the YMCA to comply with all federal and/or state laws regarding Equal Employment as they relate to all employees and applicants for employment.

Initial ___ The YMCA of Twin Falls is committed to ensuring that all personnel decisions for all job classifications are made without regard to race, creed, color, religion, national origin, age, sex, marital status, sexual preference, veteran status or disability except in cases dictated by bona-fide occupational qualifications.

Initial ___ I understand that this application remains current for only 90 days Upon expiration, a new application will be required.

Initial ___ I understand that if I am employed by the YMCA of Twin Falls, I will be expected to comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization.

Initial ___ I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

Initial ___ I understand that the YMCA is committed to maintaining a drug-free workplace and will not tolerate any use. I also understand that I must report any work related performance issues of others who are not following the drug free workplace policy.

Initial ___ I understand and agree that if I am employed there is no contract period, and my employment would solely be an "employment at will" giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

Initial ___ I hereby acknowledge that if I am selected for an interview it may also include and experiential interview. Time spent during and experiential interview will not be considered paid time.

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

Signature of Applicant _____ **Date** _____

Do not sign until you have read and initialed the above statements.



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