



YMCA of Twin Falls

Employment Application

This application applies to both Twin Falls YMCA locations.

You may attach a resume but only completed YMCA applications will be accepted.

Please answer every question or use N/A where necessary. Applications **MUST** be returned to HR Department

1751 Elizabeth Blvd
Twin Falls, ID 83301

Incomplete applications may not be considered.

Name: _____
First Middle Last (Maiden Name)

Email Address: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Specific job title you are applying for: _____
(Must be a specific job title, "anything" will not be considered)

Are you 18 years or older? YES NO

Can you perform the essential functions of the position you are applying for? YES NO

Have you ever pled guilty, no contest, or been convicted of a felony or Misdemeanor? YES NO
(If yes, please attach a full description)

What type of employment are you applying for? Full-time Part-Time Summer Temporary/Seasonal

When are you available? (Check all that apply) Mornings Days Evenings Weekends

Do you have any availability restrictions regarding work hours? _____

The YMCA of Twin Falls is committed to maintaining a drug-free workplace to protect its employees, families and individuals served by the YMCA. Any use will not be tolerated. Please initial here to indicate that you understand _____

How did you find us? Walk-in Newspaper Idaho Job Service YMCA Web Site Other _____

If you were referred, please specify their name and department: _____

Have you previously worked for the YMCA of Twin Falls or any other YMCA? YES NO

If yes, list the dates, location, and job title: _____

WORK HISTORY

List in order; **BEGINNING with most recent or current employer. Please explain any gaps in employment below.**

Job Title 1: _____ Company Name: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Start Date (MM/YY) _____ End Date (MM/YY) _____

Reason for Leaving: _____

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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