



# MAGIC VALLEY YMCA EMPLOYMENT APPLICATION

This application applies to Magic Valley YMCA in Twin Falls, Idaho. You may attach a resume but only completed Magic Valley YMCA applications will be accepted. Please answer every question or use N/A where necessary. Applications MUST be returned to HR Department.

Name \_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN NAME)

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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  Evenings  Days  Weekends

Do you have any availability restrictions regarding work hours? \_\_\_\_\_  
\_\_\_\_\_

The Magic Valley YMCA 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 you understand \_\_\_\_\_

How did you find us?  Walk-in  Newspaper  Idaho Job Service  YMCA Website  Other \_\_\_\_\_

If you were referred, please specify their name and department \_\_\_\_\_

Have you previously worked for the Magic Valley YMCA or any other YMCA?  Yes  No

If yes, list the dates, locations and job titles: \_\_\_\_\_  
\_\_\_\_\_

## WORK HISTORY

List in order, BEGINNING with the most recent or current employer. Please explain any gaps in employment below:

1. Job Title \_\_\_\_\_ Company \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Start Date (MM/YY) \_\_\_\_\_ End Date (MM/YY) \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

2. Job Title \_\_\_\_\_ Company \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Start Date (MM/YY) \_\_\_\_\_ End Date (MM/YY) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Job Title \_\_\_\_\_ Company \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Start Date (MM/YY) \_\_\_\_\_ End Date (MM/YY) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Reasons for non-continuous work history \_\_\_\_\_

**REFERENCES**

Immediate family member

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

References from work or volunteer not listed under work history (i.e., teachers, coach, staff from other organizations)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Highest level of education  High School/GED  College  Trade School  Other certifications/degrees \_\_\_\_\_

Do you hold current certifications in the following areas?

Lifeguard Training  Yes  No

AA/AS  Yes  No

BA/BS  Yes  No

MA/MS  Yes  No

Water Safety Instruction  Yes  No

CPR/AED  Yes  No

First Aid  Yes  No

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

STREET ADDRESS CITY STATE ZIP

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STREET ADDRESS CITY STATE ZIP



## STATEMENT OF APPLICATION

Please READ, INITIAL and SIGN the Statement of Application concerning the Magic Valley YMCA application policies. This application cannot be accepted if this section has not been completed.

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

\_\_\_\_\_ I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be enough cause to cancel further consideration of this application, or immediately discharge me from the Magic Valley YMCA's service, upon discovery.

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

\_\_\_\_\_ I understand upon offer of employment, the Magic Valley YMCA will conduct a criminal background check prior to and during my employment as well as child abuse registry check.

\_\_\_\_\_ I am not a child molester, abuser or pedophile, and have not been accused of being a molester or abuser. I understand that the Magic Valley YMCA does not condone child abuse.

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

\_\_\_\_\_ The Magic Valley YMCA 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.

\_\_\_\_\_ I understand that this application remains current for 90 days. Upon expiration, a new application will be required.

\_\_\_\_\_ I understand that if I am employed by the Magic Valley YMCA, 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.

\_\_\_\_\_ I understand the Magic Valley YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

\_\_\_\_\_ I understand that the Magic Valley 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.

\_\_\_\_\_ 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 Magic Valley YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

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

\_\_\_\_\_ I hereby acknowledge that I have read and understood the above statements and that I voluntarily sign the application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Do not sign until you have **READ** and **INITIALED** the above statements.