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Application for Employment

**Idaho Falls Family YMCA, INC.**

An Equal Opportunity Employer

155 N. Corner Avenue

Idaho Falls, ID 83402

Phone: (208) 523-0600

Email: [info@idahofallsymca.org](mailto:info@idahofallsymca.org)





We build strong kids,

strong families, strong communities!

Personal Background

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_

*Last First Middle Initial*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City State Zip*

Home/Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_\_ By: \_\_\_\_

Personal Background (cont.)

Please attach your resume if one is available. If you supply a resume, you are still required to complete this application in its entirety.

Position(s) applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wages or Salary desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If hired, when would you be available to start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked for the YMCA before? □ Yes □ No If yes, give dates and locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What days and hours are you available to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you applying for: □ Regular Employment □ Seasonal Employment □ Temporary Employment

Please check one of the following:

□ Part Time □ Full Time Are you willing to work overtime if necessary? □ Yes □ No

*Please answer the questions only after reviewing the job description of the job applied for:*

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? If No, please attach a description of the functions that cannot be performed. In accordance with the Americans with Disabilities Act (ADA), the YMCA seeks reasonable accommodation measures for applicants employees to perform essential functions. □ Yes □ No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? □ Yes □ No

If yes, please attach an explanation providing the nature of the crime(s), when and where convicted and the dispositions of the case. Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The nature of the offense, the date of the defense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Educational Background

□PhD □Master’s Degree □Bachelor’s Degree □Associate’s Degree □Some College □High School Diploma

□ G.E.D. or HS Equivalency Certificate □No diploma (list highest grade completed) □Licensed Trade, if so, what type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List colleges, Universities or any school(s) attended | Address, City, State | Years Completed | Did you Graduate? | Area of Study (major, minor) |
|  |  |  |  |  |
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In addition to your work history (see last page), and in relation to the position you are applying for, what other experiences or skills quality you for employment at the Idaho Falls Family YMCA?

Please list any professional certification(s) applicable to the job applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work History *(Resume does not replace completion of this page)*

Are you currently employed? □ Yes □ No

If Yes, may we contact current employer? □ Yes □ No

Most Recent Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_ Starting Position: \_\_\_\_\_\_\_\_\_\_\_

Date Left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_ Position on Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_ Starting Position: \_\_\_\_\_\_\_\_\_\_\_

Date Left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_ Position on Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_ Starting Position: \_\_\_\_\_\_\_\_\_\_\_

Date Left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_ Position on Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please provide information of three people who have knowledge of your work performance within the past three years.*

Professional References

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years acquainted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years acquainted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years acquainted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*It is the policy of the Idaho Falls Family YMCA, Inc. to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, creed, sex, marital status, pregnancy, age, national origin, ancestry, sexual orientation, disability, medical condition, or any other consideration deemed unlawful.*