



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Employment Application

Treasure Valley Family YMCA Human Resource Office

1177 W. State Street Boise, ID 83702
Phone: (208)344-5501 Fax: 1-866-732-9567
Email: jobs@ymcatvidaho.org Web: www.ymcatvidaho.org

Please print or type. Application must be completely filled out to be considered.

Position(s) being Applied for: _____

Unspecified applications will not be considered. Open positions are listed at all facility branches and at www.ymcatvidaho.org.

Branch applying at:

Caldwell	Healthy Living
Child Development	Homecourt
Corporate Office	West Y-City
Downtown	Youth Development

Personal Data

Name _____

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____

Previous Residence (if less than five years) _____

City _____ State _____ Zip _____

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 pleaded guilty, no contest, or been convicted of a Felony or Misdemeanor?

Yes No If yes, detail _____

Offenses against persons or family, or public indecency? Yes No

If yes, detail _____

Answering "yes" to these questions does not constitute an automatic bar to employment.

Drug-Free Workplace

The Treasure Valley Family YMCA is committed to maintaining a drug-free workplace to protect its employees and the you, families and individuals served by the YMCA. Any use will not be tolerated.

Intials _____



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Employment Availability

What type of position are you applying for?

Full-time Part-time Temporary/Seasonal Summer

When are you available? Check all that apply.

Mornings Days Evenings Late Evenings Weekends

Any restrictions on work hours? _____

Employment History

Have you previously worked for the Treasure Valley Family YMCA? Yes No

If yes, what department did you work for? _____

Provide the following information of your past and current employers or assignments, starting with the most recent.

1. _____
Employer/Company Address, City, State Zip
\$____ per _____
Phone _____ Supervisor's Name _____ Last pay rate
____/____/____ to ____/____/____ Yes No
Dates position was held Reason for Leaving May we contact employer?

Describe in detail the work you did:

2. _____
Employer/Company Address, City, State Zip
\$____ per _____
Phone _____ Supervisor's Name _____ Last pay rate
____/____/____ to ____/____/____ Yes No
Dates position was held Reason for Leaving May we contact employer?

Describe in detail the work you did:



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3. _____ Address, City, State Zip
 Employer/Company \$ ____ per ____
 Phone _____ Supervisor's Name _____ Last pay rate
 ___/___/___ to ___/___/___ _____ Yes No
 Dates position was held Reason for Leaving May we contact employer?

Describe in detail the work you did:

4. _____ Address, City, State Zip
 Employer/Company \$ ____ per ____
 Phone _____ Supervisor's Name _____ Last pay rate
 ___/___/___ to ___/___/___ _____ Yes No
 Dates position was held Reason for Leaving May we contact employer?

Describe in detail the work you did:

Education

School	School Name/ Address	Number of Years Attended	Degree/Diploma Received	Course of Study
High School				
College				
Business Trade				
Other				



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References

List at least three character references, persons that you know well and can attest to your abilities and suitability for YMCA employment (please include only one immediate family member).

1.	_____	_____	_____	_____
	Name	Phone	Relationship	Years Known
2.	_____	_____	_____	_____
	Name	Phone	Relationship	Years Known
3.	_____	_____	_____	_____
	Name	Phone	Relationship	Years Known

Certifications and Licenses

Do you hold current certifications in the following areas? Check all that apply.

Lifeguard Training	Exp. Date	_____
CPR (infant/child/adult)	Exp. Date	_____
American Red Cross CPR Trainer	Exp. Date	_____
First Aid	Exp. Date	_____
American Red Cross First Aid Trainer	Exp. Date	_____
American Red Cross Water Safety Instructor	Exp. Date	_____
Child Care Workers License City State	Exp. Date	_____
Commercial Driver's License (CDL)	Exp. Date	_____
Please list any other certifications you have?		_____

How did you find us?

Walk-in
YMCA Web Site
Other Web Site
Other

Referral Name
Advertisement
YMCA Employee
YMCA Member



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Supplement to Application

Compete only if applying to work with children.

Infant
Toddler

Preschool
Elementary

High School
Special Classes

Please elaborate on your previous job experience with children.

What are your future goals in childcare/youth programs and developing your childcare/youth skills?

Why would you like to be employed in this position?

What do you feel most qualifies you for this position?

Describe non-employment activities you have engaged in that might strengthen your application?

List other cities, countries and states where you have lived/worked within last 10 years:

City	County	State	Number of Years

Please read and sign the following page of this application concerning the Treasure Valley Family YMCA's application policies. This application cannot be accepted if this section has not been completed.

Please attach a resume, references or other personal information that you feel pertains to the position for which you are applying.



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Statement of Application

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

I expressly authorize, without reservation, the YMCA, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives for seeking, gathering, and using such information in the employment process and all other persons, corporations and organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered. Initial _____

I understand upon offer of employment, the Treasure Valley Family YMCA will conduct a criminal background check prior to and during my employment as well as child abuse registry check and I am subject to random, accident follow-up and drug testing. 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 Treasure Valley Family YMCA does not condone child abusers and that the YMCA will be seeking information in my background related to 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. Accordingly, the Treasure Valley Family 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. Initial _____

I understand that this application remains current for only 90 days. Selected candidates will be called for personal interviews, which are required before hiring. At the conclusion of that time, if I have not heard from the YMCA and still want to be considered for employment, it may be necessary to reapply and fill out a new application. Initial _____

I understand that if I am employed by the Treasure Valley Family 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. 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. I also understand that if hired as a YMCA employee, at all possible times I am to avoid being alone with a single child where other staff or adults cannot observe me. 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 I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant

Date