



**EMPLOYMENT HISTORY:** List employment beginning with your most recent position below.

Name & Address of Company, & Type of Business	From Mo/Yr	To Mo/Yr	Starting Wage Or Salary	Ending Wage or Salary	Reason for Leaving	Supervisor's Name
Describe the work you did:						
Phone:						
Name & Address of Company, & Type of Business	From Mo/Yr	To Mo/Yr	Starting Wage Or Salary	Ending Wage or Salary	Reason for Leaving	Supervisor's Name
Describe the work you did:						
Phone:						
Name & Address of Company, & Type of Business	From Mo/Yr	To Mo/Yr	Starting Wage Or Salary	Ending Wage or Salary	Reason for Leaving	Supervisor's Name
Describe the work you did:						
Phone:						

11. May we contact the employers listed above? Yes  No  If no, please explain why not. \_\_\_\_\_

12. In addition to the positions identified above, list any other applicable skills:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**REFERENCES:** List three personal references (excluding relatives or former employers)

Name	Address	Business or Occupation	Phone #

**PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU ANSWERED EACH ITEM**

**PLEASE READ CAREFULLY BEFORE SIGNING:**

- I attest that the information provided in this application is true and correct and agree that any untruthful or misleading answers, or omission of fact, may result in rejection of this application, or dismissal if employed. I authorize and release any and all former employers, supervisors, and any other persons to furnish the YMCA with information concerning my work performance, skills, abilities, and character.
- The YMCA is a direct deposit employer and I agree to participate in the direct deposit program for payroll as a condition of my employment.
- I understand that if an offer of employment is made, employment is conditional based upon the results of background investigation(s) conducted by the YMCA, and the state if employed in a DSHS licensed program. Background investigations include completion of criminal conviction and abuse/exploitation disclosure(s) and related records check(s). Additionally, previous work experience, academic history, certifications, professional licenses, etc. may be verified.
- If employed, I agree that employment with the YMCA is at-will and that either the YMCA or I may terminate the relationship at anytime with or without cause or notice. This at-will employment relationship can only be altered in writing signed by the Executive Director/CEO and me.
- As a drug-free workplace I understand that if offered a position I may be required to submit to a pre-employment and/or random drug screening. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of testing will result in withdrawal of any employment offer or termination of employment if already employed.
- I further understand that, if I am employed, I am required to abide by all policies and procedures of the YMCA of Inland Northwest.

**APPLICANT'S**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THE YMCA OF THE INLAND NORTHWEST IS AN EQUAL OPPORTUNITY EMPLOYER**

# VOLUNTARY APPLICANT IDENTIFICATION

Affirmative Action Employer Requirement  
YMCA of the Inland Northwest

Name: \_\_\_\_\_ Job applied for: \_\_\_\_\_

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

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer.

Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans of war and person with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race and ethnicity are prohibited by law.

We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential\*, and will be used in conformance with the law.

**1. GENDER**     Female     Male

**2. ETHNIC AND RACIAL BACKGROUND:** (Please answer both a. and b.)

a. Hispanic or Latino

- Yes
- No

b. Racial Background- Non-Hispanic:

- American Indian/Alaska Native
- Asian, Asian American
- Black, African American
- Hawaiian/Pacific Islander
- White/Caucasian

**3. VETERAN STATUS-** Check all that apply

Eligible or Protected Veterans – check here if you are a recently separated veteran, other protected veteran, or an Armed Forces service medal veteran. “Other protected veteran” means “veterans who have served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Disabled Veteran – (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or release from active duty because of a service-connected disability.

## 4. DISABILITY STATUS

Disabled – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any position of the kind.

\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT'S

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please sign and return this form even if you do not answer

\* Supervisors and managers may be informed about restrictions on the work duties of person with disabilities or on facts needed for accommodations, first aid or emergency treatment. Government officials may also review this.

Employer Use Only: EEO-1 Occup. Job Category: \_\_\_\_\_ Group Code: \_\_\_\_\_

If current opening, job applied for: \_\_\_\_\_