TWIN FALLS COUNTY
630 Addison Ave. W. / P.O. Box 126
Twin Falls, ID 83303-0126
www.twinfallscounty.org
EOE / VETS / Drug Free Workplace

APPLICATION FOR TWIN FALLS COUNTY ADVISORY BOARD MEMBERSHIP OR INTERNSHIP

Name (Print) _____ Today's Date: _____
Last First Initial

Present Address: _____ Phone: _____
No. Street City State Zip Day Message

Work Phone: _____ May we contact you at work? Yes ☐ No ☐

Which Advisory Board(s) are you interested in?

☐ Fair ☐ Tree Commission

☐ Parks & Waterways ☐ Weed Board

☐ Planning & Zoning ☐ Pest Abatement District

☐ Intern: Please list department: _____

Describe your qualifications for membership on a Twin Falls County Advisory Board or internship position:

_____

_____

_____

_____

_____

Why would you be c considered an asset to an Advisory Board or as an intern?

_____

_____

_____

_____

_____

Are you related to anyone who works for Twin Falls County? If so, who and which department do they work?

_____

Can you meet the minimum standard of two (2) hours per week on this assignment? Yes ☐ No ☐

List potential conflicts of interest as a member of an Advisory Board or as an Intern:

_____

_____

_____

_____

Have you ever been charged with a crime, convicted, or pled guilty to a felony or a misdemeanor, including withheld judgments and bond forfeiture? This will not necessarily disqualify you. Yes ☐ No ☐ If yes, please give details, including dates:

_____

Do you agree to uphold Twin Falls County's policies regarding sexual harassment and drug free workplace? (Upon appointment, a copy of these policies will be provided to you.) Yes ☐ No ☐

PERSONAL REFERENCES: Please list the names of three (3) persons not related to you by blood or marriage:

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

The undersigned acknowledges and agrees that he/she is not obligated if called upon, to perform the volunteer services herein applied for.

Signed: _____ Date: _____

Printed Name of applicant: _____

APPLICANT DATA RECORD

Twin Falls County is an Equal Opportunity Employer.
Hiring is done without regard to race, color, religion, national origin, sex, or disability.
In addition, preference may be given to veterans who qualify under state and federal laws and regulations.
EEO / VETS / DRUG FREE WORKPLACE

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and record keeping purposes only. To help us comply with record keeping, reporting, and other legal requirements, please fill out the Applicant Data Record. Submission of information is voluntary and this form will be kept in a Confidential File separate from the Application for Employment. We appreciate your cooperation.

(PLEASE PRINT)
Position applied for:_____ Date: _____

Referral Source: ☐ www.twinfallscounty.org ☐ www.governmentjobs.com ☐ Department of Labor

☐ CSI ☐ IAC ☐ Friend ☐ Relative ☐ Newspaper Advertisement

☐ Magazine or Trade Journal ☐ Walk-In ☐ Other

Your Name _____ Phone ( ) _____
Last First Middle

Address _____
Number Street City State Zip

Check One: ☐ Male ☐ Female

Check one of the following (Race/Ethnic Group):

☐ **Hispanic or Latino -** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (Not Hispanic or Latino) -** A person having origins in any of the original peoples of Europe, the Middle East, or Africa.

☐ **Black or African American (Not Hispanic or Latino) -** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) -** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino) -** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the about five (5) races.

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual