



**TWIN FALLS COUNTY**  
**630 Addison Ave. W. / P.O. Box 126**  
**Twin Falls, ID 83303-0126**  
[www.twinfallscounty.org](http://www.twinfallscounty.org)  
**EOE / VETS / Drug Free Workplace**  
**Email: [hr@tfco.org](mailto:hr@tfco.org)**

**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?

- Intern: Please list department: \_\_\_\_\_
- Fair Board
- Parks & Waterways Board
- Planning & Zoning Board
- Tree Commission
- Weed Board
- Pest Abatement District
- Health Initiatives Trust (HIT Board)
- Citizen's Committee
- Historic Preservation Commission
- Middle Snake Regional Water Resource Commission

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

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

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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:

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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](http://www.twinfallscounty.org)    [www.governmentjobs.com](http://www.governmentjobs.com)    Department of Labor  
 CSI    IAC    Friend    Relative    Newspaper Advertisement  
 Magazine or Trade Journal    Walk-In    Facebook    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