



Application for YHMA Employment

7225 NW 58th Street, Johnston

P.O. Box 39

Johnston, IA 50131

Phone (515) 276-3473

Date: _____

Personal Information

Last Name: _____

First Name: _____

Middle I: _____

1. Street Address: _____

2. Street Address: _____

City, State, Zip: _____

Home Phone (Area Code and Number): ____ _____

Cell Phone (Area Code and Number): ____ _____

Business Phone (Area Code and Number): ____ _____

Position Applying For: _____

Do you have a license to drive? ____ yes ____ no

Driving record in the past 3 years? ____ good ____ poor

Are you legally eligible for employment in the US? ____ yes ____ no

Are you of legal age to work? ____ yes ____ no

The date you are available to work? _____

Education

Graduate School

Name and Location of School: _____

Course of Study: _____

Number of Years Attended: _____

Did you Graduate? _____ yes _____ no

Degree or Diploma: _____

College

Name and Location of School: _____

Course of Study: _____

Number of Years Attended: _____

Did you Graduate? _____ yes _____ no

Degree or Diploma: _____

High School

Name and Location of School: _____

Course of Study: _____

Number of Years Attended: _____

Did you Graduate? _____ yes _____ no

Degree or Diploma: _____

References

1. Name _____

Address and Phone: _____

Relationship to Applicant: _____

2. Name: _____

Address and Phone: _____

Relationship to Applicant: _____

3. Name: _____

Address and Phone: _____

Relationship to Applicant: _____

Employment

1. Company Name: _____

Address and Phone: _____

Dates of Employment (mm/yyyy to mm/yyyy): _____ to _____

Name of Supervisor: _____

Job Title & Description of Work: _____

Reason for Leaving: _____

2. Company Name: _____

Address and Phone: _____

Dates of Employment (mm/yyyy to mm/yyyy): _____ to _____

Name of Supervisor: _____

Job Title & Description of Work: _____

Reason for Leaving: _____

3. Company Name: _____

Address and Phone: _____

Dates of Employment (mm/yyyy to mm/yyyy): _____ to _____

Name of Supervisor: _____

Job Title & Description of Work: _____

Reason for Leaving: _____

I hear by signify the above statements to be true.

Signature: _____

It is the policy of the Youth Homes of Mid-America to base all personnel actions in an equal manner, regardless of race, religion, color, sex, national origin, physical or mental disability, age, creed, or political affiliation. This policy shall apply but is not limited to the following: job application procedures, hiring or discharge, compensation, advancement, transfer, training or any other term or condition of employment.