

**CITY OF IOLA
INTERNAL
APPLICATION FOR EMPLOYMENT**

The City of Iola considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran, or any other legally protected status.

Date of Application _____ Position Applied for: _____

Name _____
LAST FIRST MI

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone _____ Social Security Number ____/____/____

Please briefly explain your interest in this position and why you feel you are qualified:

Please state any additional information you feel may be helpful to us in considering your application:

DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Do you have any physical or mental limitations that would prevent you from performing the essential functions of the job for which you are applying? YES NO

Signature of Applicant _____

Date _____