

City of Iola
Application for Seasonal Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Date of Application _____ Position Applied for: _____

Name _____
LAST FIRST MI

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone _____ Email Address _____

Social Security # ____ / ____ / ____ Driver's License # _____

Are you at least 14 years old? Yes No What date are you available for work? _____

Have you been convicted of anything other than a misdemeanor? Yes No

EDUCATION & TRAINING:

	<u>NAME OF SCHOOL</u>	<u>COURSE OF STUDY</u>	<u>YEARS COMPLETED</u>	<u>DEGREE</u>
<i>Elementary</i>	_____	_____	_____	_____
<i>High School</i>	_____	_____	_____	_____
<i>College</i>	_____	_____	_____	_____
<i>Other</i>	_____	_____	_____	_____

Describe any specialized training, certifications, special job-related skills and/or qualifications:

List any machinery or equipment you have experience with:

EMPLOYMENT HISTORY (Start with present or last job)

Employer Name	Job Title	Dates Employed	Job Duties	Hourly Rate
		to		\$
		to		\$

REFERENCES: (Please give two references)

<i>Name</i>	<i>Address</i>	<i>Phone number</i>	<i>Relationship</i>
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant _____

Date _____



CITY OF IOLA

Release of Information

To: Any Local, State, or Federal Law Enforcement Agency, Any Past or Present Employer.

I, _____, have applied for an employment position with the City of Iola. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me to the City of Iola or its designee.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Current Address: _____

Previous Names Used: _____

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Driver's License No.: _____

City and State of Residence for previous ten (10) year period:

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Given under my hand, this _____ day of _____, 20_____

Applicant Signature _____ Date _____

Witness Signature _____ Date _____