



Seasonal Employment Application

The City of Lola is an Equal Opportunity Employer. The City of Lola will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected class.

Date of Application _____		Position Applied for: _____		
Name _____		First	MI _____	
Address _____		Street #	City	State _____ Zip Code _____
Telephone _____		Social Security # _____ / _____ / _____		
Are you at least 14 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		What date are you available for work? _____		

Education & Training: Name of School Course of Study Years Completed Degree (Yes or No)

Elementary _____

High School _____

College _____

Other _____

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

List any equipment you have experience with:

Employment History:

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

References:

<u>Name</u>	<u>Address</u>	<u>Phone number</u>	<u>Relationship</u>

Signature of Applicant _____ Date _____



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: _____

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

Applicant Signature _____ Date _____

Witness Signature _____ Date _____