

Education & Training

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
Comm. College	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

Please list/describe any specialized training, apprenticeship, certifications, skills, special job-related skills and qualifications:

List professional, trade, business or civic activities and offices held: *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

Describe any job-related training received during military service:

Additional Training

Specialized Skills [Check skills you possess and list equipment you can operate]

Computer / (Type)

Word Processing / _____

Spreadsheets / _____

Database / _____

Other

Typewriter

Calculator

Fax Machine

Machinery & Equipment / (Type)

Backhoe / _____

Road Grader / _____

Welder / _____

Other _____ / _____

Other _____ / _____

Other _____ / _____

Other _____ / _____

Other _____ / _____

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

Note to Applicants: 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 position for which you have applied? Yes No

References

1. _____
(Name)

() _____
(Phone Number)

(Address)

(Relationship)

2. _____
(Name)

() _____
(Phone Number)

(Address)

(Relationship)

3. _____
(Name)

() _____
(Phone Number)

(Address)

(Relationship)

Employment History

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

2	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

3	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

4	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

Applicant's Statement: I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand and acknowledge, unless otherwise defined by applicable law, that all employment relationships with the City of Iola are "at will", which means an Employee may resign at any time with or without notice and the Employer may discharge an Employee at any time with or without cause and with or without notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that if I am employed by the City of Iola, false or misleading information provided on my application or discovered during the course of an interview, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the City.

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, _____, Address: _____

_____ Have applied for 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.

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Drivers 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 _____