

VILLAGE OF IOLA
PO Box 336, Iola, WI 54945

Please Mail Application to:
Village of Iola
PO Box 336,
Iola, WI 54945

EMPLOYMENT APPLICATION

The Village of Iola is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the Village of Iola to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, the Village of Iola intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT PLAINLY—BE SURE TO SIGN THIS APPLICATION

Date: _____ Social Security No.: _____

Name: _____
Last First Middle

Address _____
No. Street City State Zip

Home Phone: _____ Cell Phone: _____

Have you been previously employed by the Village of Iola? Yes No

If yes, when? _____ In what capacity? _____

Have you ever applied here before? Yes No If yes, when? _____

Who referred you to the Village of Iola: Advertisement Job Service Employment Agency
 Other _____ Friend/Relative _____

EMPLOYMENT DESIRED

Position(s) applied for _____ Full time Part time

If part time, what days and hours are you available? _____

Date available to start _____ Salary requirement _____

PERSONAL DATA

Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the U.S.?

Yes No

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify you from employment)

If yes, explain _____

MILITARY

Branch _____ What were your duties _____

Dates in the Service _____ Did you receive any specialized training? Yes No

If yes, describe _____

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EDUCATION

Name and	Location of	No./Years	Did you	Course of	Degree
	School	Completed	Graduate	Study	
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

List any special skills or qualifications which you feel are relevant to the job for which you are applying:

EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer:

May we communicate with your present employer? ___ Yes ___ No

Company Name _____	Telephone No. _____
Address _____	Employed from ____/____ to ____/____
Name of Supervisor _____	Hourly Pay: Start _____ Last _____
Position and Responsibilities _____	

Reason for Leaving _____

Company Name _____	Telephone No. _____
Address _____	Employed from ____/____ to ____/____
Name of Supervisor _____	Hourly Pay: Start _____ Last _____
Position and Responsibilities _____	

Reason for Leaving _____

Company Name _____	Telephone No. _____
Address _____	Employed from ____/____ to ____/____
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Company Name _____ Telephone No. _____
Address _____ Employed from ____/____/____ to ____/____/____
Name of Supervisor _____ Hourly Pay: Start _____ Last _____
Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Telephone No. _____
Address _____ Employed from ____/____/____ to ____/____/____
Name of Supervisor _____ Hourly Pay: Start _____ Last _____
Position and Responsibilities _____

Reason for Leaving _____

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Please read the following statements carefully before you sign your name.

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the Village of Iola. This includes furnishing a false name or social security number. I have read, understand, and agree to the above statement. (Please initial here). \_\_\_\_\_

I further understand that no representative of the Village of Iola has the authority to enter into any agreement for employment for any specified period of time and that the Village of Iola is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by the Village of Iola, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. (Please initial here). \_\_\_\_\_

If employed, I agree to abide by all of the work and safety rules of the Village of Iola. I understand that the Village of Iola is committed to maintaining a drug-free workplace. I am aware that the Village of Iola may require a drug test as a part of the hiring process. Also, if employed, I realize that the Village of Iola conducts post-accident and/or reasonable suspicion drug and alcohol testing of its employees. I have read, understand and agree to the above statement. (Please initial here). \_\_\_\_\_

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with the Village of Iola, it will be necessary for me to complete a new application form.

PRINT NAME \_\_\_\_\_

SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_