



City of Galesburg

Operating Under Council - Manager Government Since 1957

Application for Employment

ANSWER ALL QUESTIONS COMPLETELY. Please Print. Use blue or black ink. If hired, this application becomes a permanent record. This application will be retained for a one (1) year period. The City of Galesburg is an equal opportunity employer who guarantees compliance to all applicable Federal and State laws. Every applicant for employment and employee has the right to equal consideration without regard to race, color, religion, national origin, sex, age, marital status, disability, or veteran status.

Position Applying For: _____ Date _____

Name

Last First Middle Initial

Present Address

Phone Number

Street City State Zip Code () _____

Previous Address

Social Security Number

Street City State Zip Code _____

How Long at Present Address? _____

How Long at Previous Address? _____

Have You Been Employed with Us Before? No Yes (Give Date(s)) _____

Do You Have Any Relatives Working for Us? No Yes (if yes, give name and relationship)

Are You Currently Employed? No Yes May We Contact Your Present Employer? No Yes

Date You Can Start to Work? _____ Available For: Full-Time Part-Time Temporary

Are You Currently on "Lay Off" Status and Subject to Recall? No Yes
(Give Company Name and Expected Recall Date) _____

Have You Been Convicted of a Felony? (Applicant is not obligated to disclose sealed or expunged records of conviction)
 No Yes (Explain) _____

Are You a Veteran of the U.S. Military Service? No Yes (Explain) _____

EDUCATION

Schools	Print Name, City, State, & Zip Code For Each School Listing	Dates (Mo/Yr)	Type Course or Major	Graduated? List Degree
High School	_____	From _____	_____	___ No
	_____	To _____	_____	___ Yes

College	_____	From _____	_____	___ No
	_____	To _____	_____	___ Yes

Graduate School	_____	From _____	_____	___ No
	_____	To _____	_____	___ Yes

Trade, Business Night or Correspondence	_____	From _____	_____	___ No
	_____	To _____	_____	___ Yes

Other	_____	From _____	_____	___ No
	_____	To _____	_____	___ Yes

Describe Any Specialized Training, Apprenticeship, Skills, and Extracurricular Activities: _____

Describe Any Honors You Have Received:

State Any Additional Information You Feel May be Helpful To Us In Considering Your Application:

List Professional, Trade, Business or Civic Activities and Offices Held. (You May Exclude Memberships Which Would Reveal Sex, Race, Religion, National Origin, Age, Ancestry, Handicap or Other Protected Status)

EMPLOYMENT HISTORY (Start With Your Present Or Last Job)

Dates	Name & Address of Employer	Hourly Rate/Salary	Work Performed
From _____	_____	Starting _____	_____
To _____	_____	Final _____	_____
_____	_____	_____	_____
Job Title _____	_____	Supervisor _____	_____
Reason for Leaving _____	_____		

Dates	Name & Address of Employer	Hourly Rate/Salary	Work Performed
From _____	_____	Starting _____	_____
To _____	_____	Final _____	_____
_____	_____	_____	_____
Job Title _____	_____	Supervisor _____	_____
Reason for Leaving _____	_____		

Dates	Name & Address of Employer	Hourly Rate/Salary	Work Performed
From _____	_____	Starting _____	_____
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Job Title _____	_____	Supervisor _____	_____
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Dates	Name & Address of Employer	Hourly Rate/Salary	Work Performed
From _____	_____	Starting _____	_____
To _____	_____	Final _____	_____
_____	_____	_____	_____
Job Title _____	_____	Supervisor _____	_____
Reason for Leaving _____	_____		

Special Skills and Qualifications (Summarize Special Skills and Qualifications Acquired from Employment or Other Experiences.)

REFERENCES (Give Three References Who Are Not Related to You and Are Not Previous Employers)

Name	Address	Telephone Number
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____

APPLICANT STATEMENT

I certify the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation of fact, as stated or implied, given in my application, interviews, or other employment forms will be sufficient reason not to hire me and may result in my discharge if I am hired.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that I waive any rights I have to receive notice from any persons listed on this application regarding the release of information relating to this application for employment with the City of Galesburg

I understand the City is in no way obligated to provide employment and that I am in no way obligated to accept employment with the City. Nothing in this application is intended to create any contract of employment, expressed or implied, or to create any rights in the nature of a contract of employment. This application does not bind either party for any specific period of employment.

I understand that no representative of the City of Galesburg other than the City Manager has any authority to enter into any agreement contrary to the foregoing. If I am hired, nothing shall restrict my rights as an employee to terminate my employment at any time, nor shall anything restrict the right of the City to terminate my employment at any time at the option of the City, subject to the terms of any collective bargaining agreement that may apply to me.

I also understand that if hired, I am required to abide by all rules and regulations of the City. The City's policies and procedures relating to conditions of employment may be modified by the City without notice, subject to the terms of any collective bargaining agreement that may apply to me.

Signature of Applicant

Date