



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 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, veteran status, or genetic information.

Position applying for: _____

Date: _____

Department or Division: _____

Applicant Name

Last First Middle initial

Present address

Street City State Zip code

Phone number

____ / ____
Area code

E-mail address

Cell phone number

____ / ____
Area code

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)

Name 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

Do you currently have a CDL? No Yes If yes, what class of CDL do you have? _____

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 eligible to work in the U.S.? No Yes

Are you U.S. Military Veteran? No Yes - Describe _____

EDUCATION

| Schools | Print Name, City, State, & Zip Code For Each School Listing | Type Course or Major | Graduated? List Degree |
|---------------------------------------|--|-------------------------|---------------------------|
| High School | _____ | _____ | ___ No ___ Yes |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| College | _____ | _____ | ___ No ___ Yes |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Graduate School | _____ | _____ | ___ No ___ Yes |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Trade, Business, Military Training | _____ | _____ | ___ No ___ Yes |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Other | _____ | _____ | ___ No ___ 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 race, color, religion, national origin, sex, age, marital status, disability, veteran status or genetic information.

Special skills and qualifications. Summarize special skills and qualifications acquired from employment or other experiences.

EMPLOYMENT HISTORY Start with your most recent employer (include U.S. Military service)

| 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 _____ | _____ |
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| From ___/___/___ | _____ | Starting _____ | _____ |
| To ___/___/___ | _____ | Final _____ | _____ |
| | _____ | | _____ |
| Job Title _____ | | Supervisor _____ | |
| Reason for Leaving _____ | | | |

REFERENCES Give three references that are not related to you.

| Name | Address | Telephone Number |
|----------|----------|------------------|
| 1. _____ | 1. _____ | 1. _____ |
| | _____ | |
| 2. _____ | 2. _____ | 2. _____ |
| | _____ | |
| 3. _____ | 3. _____ | 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 understand that any job offer is contingent upon the successful completion of a pre-employment drug screening with "negative" results.

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