



APPLICATION FOR EMPLOYMENT

Please return to:

City of Galena
City Administrator
101 Green Street
Galena, Illinois 61036

INSTRUCTIONS FOR COMPLETING THE EMPLOYMENT APPLICATION

We welcome you as a prospective employee of the City of Galena. It is the express policy of the City of Galena to consider all applicants for employment without regard to race, color, religion, gender, age, physical disability, political affiliation or National origin (except where a bona-fide occupational qualification exists). All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with the City of Galena.

Please furnish us with complete information as requested in this application. **A resume may be attached, but not substituted for requested information.** If additional space is needed for job history, please use the attached sheet. If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact City of Galena City Hall at (815) 777-1050.

Position Desired: _____

Date Available: _____

Full-time
Part-time

Temporary
Summer

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone #: () _____

Work Phone #: () _____

Other Phone #: () _____

E-mail Address: _____

Do you possess a valid Driver's License? Yes ___ No ___ Do you have a valid CDL? Yes ___ No ___ What Class? _____

Are you legally eligible for employment in the United States: Yes _____ No _____
(If offered employment, you will be required to provide documentation to verify eligibility.)

How were you referred to the City of Galena? Newspaper City Website Employee Other

Are you related to, or do you know, any employee or elected official of the City of Galena? Yes _____ No _____

If yes, state their name and relationship to you: _____

EDUCATION

Type of School	Name & Address Of School	Major	Circle Last Year Completed	Degree Earned (Indicate Degree)
High School			9 10 11 12	
College/University			1 2 3 4	
Graduate			1 2 3 4	
Technical/Business/Trade School/Other			1 2 3 4	

List any special training, experience, or coursework that relates to the position you are applying for.

MILITARY SERVICE

Do you have any military experience that may enhance your ability to perform the job you are applying for? Yes No

List duties in service including special training: _____

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information. Please do not write, "see resume."

Employer: _____ Phone # () _____ Address: _____

Dates of Employment: _____

Title: _____ Supervisor's Name: _____

Summarize your job responsibilities: _____

Reason for Leaving: _____

Employer: _____ Phone # () _____

Address: _____

Dates of Employment: _____

Title: _____ Supervisor's Name: _____

Summarize your job responsibilities: _____

Reason for Leaving: _____

Employer: _____ Phone # () _____ Address: _____

Dates of Employment: _____

Title: _____ Supervisor's Name: _____

Summarize your job responsibilities: _____

Reason for Leaving: _____

Employer: _____ Phone # () _____ Address: _____

Dates of Employment: _____

Title: _____ Supervisor's Name: _____

Summarize your job responsibilities: _____

Reason for Leaving: _____

Employer: _____ Phone # () _____ Address: _____

Dates of Employment: _____

Title: _____ Supervisor's Name: _____

Summarize your job responsibilities: _____

Reason for Leaving: _____

May the City of Galena contact your current employer? Yes _____ No _____

Have you ever been previously employed by the City of Galena? Yes _____ No _____

If yes, please state when: _____ to _____ Position: _____

Have you applied for a position here in the past 12 months? Yes _____ No _____

If yes, please state when: _____ to _____ Position applied for: _____

Have you worked under another name: Yes _____ No _____

If yes, please state name and place of employment: _____

State what you did in all periods not already covered, including unemployment, part-time, or self-employment.

REFERENCES

List three references that have known you a minimum of three years and are familiar with your work history. Name: _____

Phone Number: (____) _____

Title: _____ Address: _____

Company: _____

Name: _____ Phone Number: (____) _____

Title: _____ Address: _____

Company: _____

Name: _____ Phone Number: (____) _____

Title: _____ Address: _____

Company: _____

APPLICANT AGREEMENT

Please read before signing. Questions should be directed to Human Resources prior to signing this agreement.

I hereby certify that all answers to the questions herein are true, accurate, and complete to the best of my knowledge. I agree and understand that any false statements, misrepresentations or omissions of fact contained in this application (or any other accompanying or required documents) may cause the rejection of this application or termination of employment without notice or benefits, regardless of how or when discovered.

I authorize and empower the City of Galena and the Galena Police Department to obtain, prepare, use, and furnish information concerning all statements and information contained in this application, my current and former employment, education, general reputation, driving record and criminal history. I release the City of Galena from any liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such investigation. I consent to taking any required pre-employment examinations and such future examinations as might be required by the City of Galena.

If employed by the City of Galena, I understand that such employment is subject to the policies, rules and regulations of the City of Galena. I understand that employment at the City of Galena is **"at will,"** which means that either the City or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

Applicant's Signature: _____ **Date:** _____