City of Galena, KS Employment Application

The City of Galena is an Equal Opportunity Employer

Personal Information

Date of Application Received: _____

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone: (____) _____

Driver's License: State: _____ Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Employment Desired

Position Applied For: _____

Expected Pay: _____ Applying For: Full Time: _____ Part Time: _____

Have you ever been an employee of the City of Galena: _____ Dates? _____

Date you would be available for work: _____

Referred by: _____

Special Training or Skills that would be of benefit in the job for which you are applying

_____

_____

_____

Are you legally eligible for employment in the United States?   Yes _____   No _____

If you are a veteran, please list the branch(s) of service and dates served to include type of discharge received.

Branch of Service	Dates of Service	Type of Discharge

Employment Experience:

Employer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (___) _____ **Supervisor:** _____

Dates Employed: (MM/YY) _____ **(MM/YY)** _____

Hourly Rate/Salary: Starting: _____ **Final:** _____

Position Held: _____

Reason for Leaving: _____

Employer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (___) _____ **Supervisor:** _____

Dates Employed: (MM/YY) _____ **(MM/YY)** _____

Hourly Rate/Salary: Starting: _____ **Final:** _____

Position Held: _____

Reason for Leaving: _____

Employer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (___) _____ **Supervisor:** _____

Dates Employed: (MM/YY) _____ **(MM/YY)** _____

Hourly Rate/Salary: Starting: _____ **Final:** _____

Position Held: _____

Reason for Leaving: _____

Employer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (_____ **)** _____ **Supervisor:** _____

Dates Employed: (MM/YY) _____ **(MM/YY)** _____

Hourly Rate/Salary: Starting: _____ **Final:** _____

Position Held: _____

Reason for Leaving: _____

Educational Background

Grammar School:

Name of School: _____ **Location:** _____

High School:

Name of School: _____ **Location:** _____

Did you graduate: _____ **Diploma / GED:** _____ **Month/Year:** _____

College:

Name of School: _____ **Location** _____

Course of Study: _____ **Did you graduate?** _____ **Year:** _____

Degree or Diploma: _____

Vocational Training - Other

Name of School: _____ **Location**

Course of Study: _____ **Did you graduate?** _____ **Year:** _____

Continuing Education

_____

_____

References:

Include supervisors and person we may contact to verify your performance and qualifications. Do not give names of persons related to you.

Name:_____**Your Supervisor?**_____

Occupation:_____**Organization:**_____

Mailing Address:_____**City:**_____ **State:** _____ **Zip:**_____

Phone: (_____)_____

Name:_____**Your Supervisor?**_____

Occupation:_____**Organization:**_____

Mailing Address:_____**City:**_____ **State:** _____ **Zip:**_____

Phone: (_____)_____

Name:_____**Your Supervisor?**_____

Occupation:_____**Organization:**_____

Mailing Address:_____**City:**_____ **State:** _____ **Zip:**_____

Phone: (_____)_____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the office's rules and regulations, and I understand that these rules and or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the department's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the office. I understand that no city representative, other than the Mayor, and then only when in writing and signed by the Mayor, has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant Signature:_____**Date:** _____

(City of Galena Official Use Only)

Background and References Checked by: _____ **Date:** _____

_____

_____

_____

_____

Interviewed By: _____ **Date:** _____

_____

_____

_____

Physical Fitness Test: _____ **Score:** _____ **Date:** _____

Written Test: _____ **Score:** _____ **Date:** _____

Physical Scheduled By: _____ **Date:** _____

Location of Physical: _____ **Date:** _____

Physiological Test By: _____ **Date:** _____

Hired: _____ **Date:** _____

Start Date: _____ **Department:** _____

Position: _____ **Salary/Wage:** _____

Department Head: _____

Remarks: _____

_____