

City of Galena, KS

Employment

Application



The City of Galena is an Equal Opportunity Employer

!!!!!! PLEASE READ !!!!!

IMPORTANT INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE EMPLOYEE APPLICATION FORM

Completed employment applications may be submitted for consideration in 1 of 3 ways:

1. **PRINT:** Completed employment applications may be printed and submitted to the City of Galena at the following address:

Attn: City Clerk
211 W. 7th Street
Galena, KS 66739

Attn: Chief of Police
Galena Police Department
210 Turner Dr.
Galena, KS 66739

Attn: City Superintendent
1020 S Wood St
Galena, KS 66739

2. **EMAIL:** PDF applications that are filled out online may be saved and then emailed as an attachment to:

cityclerk@galenaks.gov (Administration Applicants)
citysuperintendent@galenaks.gov (Public Works Applicants)
policechief@galenaks.gov (Police Department Applicants)

3. **SUBMIT VIA PDF:** The PDF Application Form contains a 'SUBMIT' button for sending your completed application to us. Applications may only be submitted this way from within Adobe Acrobat. (*You can download the free Adobe Acrobat reader [here](#).*) If you completed your application using a web browser plugin or extension, you will need to save your application to your harddrive, open it in Adobe Acrobat, then press the 'SUBMIT' button. Doing so, will launch your default email software and automatically attach your completed application. Pressing SEND will email your application to us.

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:** _____

Do Not Write Below this Line

(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: _____
