

**THE GALESBURG SANITARY DISTRICT
APPLICATION FOR EMPLOYMENT**

TO SUBMIT THIS JOB APPLICATION:

Print this application, complete and send by e-mail to info@gbgsd.org. Alternatively, the application may be mailed to 2700 W. Main St, Galesburg, IL 61401.

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 one (1) year period. The Galesburg Sanitary District 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 or veteran status. You are not required to furnish any information which is prohibited by Federal, State or local law. Please attach a resume to the application.

Position Applying for: _____ Date _____

NAME

Last First Middle Initial

PRESENT ADDRESS

PHONE NUMBER

Street City State Zip Code () _____

PREVIOUS ADDRESS

Street City State Zip Code

HOW LONG AT PRESENT ADDRESS?

HOW LONG AT PREVIOUS ADDRESS?

HAVE YOU BEEN EMPLOYED WITH US BEFORE? ___No ___Yes If yes, give dates: _____

Do You Have Any Relatives Working for Us? ___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? (You are not obligated to disclose sealed or expunged records of convictions)
___No ___Yes (Explain) _____

Are You a Veteran of the U.S. Military Service?
___No ___Yes (Explain) _____

Do You Have Any Physical, Mental, Medical Impairment or Disability Which Would Limit Your Ability to Perform Job Related Duties?
___No ___Yes (Explain) _____

Are You Legally Eligible for Employment in the United States? ___No ___Yes
(Proof of citizenship or immigration status will be required upon employment.)

BY SIGNING BELOW, I AUTHORIZE THE GALESBURG SANITARY DISTRICT TO OBTAIN AND REVIEW MY MOTOR VEHICLE RECORDS: _____

SIGNATURE

Driver's License:

State _____ License No. _____ Class _____ Expiration Date _____

EDUCATION

Schools	Print Name, City, State & Zip Code For Each School Listing	Dates (Mo/Yr)	Course or Major	Graduated? List Degree
High School	_____ _____ _____	From _____ To _____	_____ _____	_____ _____ _____ No Yes
College	_____ _____ _____	From _____ To _____	_____ _____	_____ _____ _____ No Yes
Graduate	_____ _____ _____	From _____ To _____	_____ _____	_____ _____ _____ No Yes
Trade, Business, Night or Correspondence	_____ _____ _____	From _____ To _____	_____ _____	_____ _____ _____ No Yes
Other	_____ _____ _____	From _____ To _____	_____ _____	_____ _____ _____ 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 Sex, Race, Religion, National Origin, Age, Ancestry, Handicap or Other Protected Status.)

EMPLOYMENT HISTORY (Start with most recent job)

DATES	NAMES & ADDRESS OF EMPLOYER	WORK PERFORMED
FROM _____	_____	_____
TO _____	_____	_____
	_____	_____

JOB TITLE _____		SUPERVISOR _____
REASON FOR LEAVING _____		

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| <b>DATES</b>             | <b>NAMES &amp; ADDRESS OF EMPLOYER</b> | <b>WORK PERFORMED</b> |
|--------------------------|----------------------------------------|-----------------------|
| FROM _____               | _____                                  | _____                 |
| TO _____                 | _____                                  | _____                 |
|                          | _____                                  | _____                 |
|                          |                                        | _____                 |
|                          |                                        | _____                 |
| JOB TITLE _____          |                                        | SUPERVISOR _____      |
| REASON FOR LEAVING _____ |                                        |                       |

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DATES	NAMES & ADDRESS OF EMPLOYER	WORK PERFORMED
FROM _____	_____	_____
TO _____	_____	_____
	_____	_____

JOB TITLE _____		SUPERVISOR _____
REASON FOR LEAVING _____		

EMPLOYMENT HISTORY (continued)

DATES	NAMES & ADDRESS OF EMPLOYER	WORK PERFORMED
FROM _____	_____	_____
TO _____	_____	_____
	_____	_____

JOB TITLE _____		SUPERVISOR _____
REASON FOR LEAVING _____	_____	



DATES	NAMES & ADDRESS OF EMPLOYER	WORK PERFORMED
FROM _____	_____	_____
TO _____	_____	_____
	_____	_____

JOB TITLE _____		SUPERVISOR _____
REASON FOR LEAVING _____	_____	



DATES	NAMES & ADDRESS OF EMPLOYER	WORK PERFORMED
FROM _____	_____	_____
TO _____	_____	_____
	_____	_____

JOB TITLE _____		SUPERVISOR _____

Special Skills and Qualifications (Summarize special skills and qualifications acquired from employment or other experience):

APPLICANT STATEMENT

I certify that 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 Galesburg Sanitary District.

I understand that I will be required to submit to pre-employment drug testing, and I hereby waive any and all objections to such testing. I understand that the results of such testing may have the effect of disqualifying me for a position or any position of employment with The Galesburg Sanitary District.

I understand that The Galesburg Sanitary District is in no way obligated to provide employment and that I am in no way obligated to accept employment with The Galesburg Sanitary District. 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 Galesburg Sanitary District other than the District Superintendent has any authority to enter into any agreement contrary to the foregoing. If I am hired, nothing shall restrict my right as an employee to terminate my employment at any time, nor shall anything restrict the right of The Galesburg Sanitary District to terminate my employment at any time at the option of The Galesburg Sanitary District, 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 Galesburg Sanitary District. The Galesburg Sanitary District's policies and procedures relating to conditions of employment may be modified by The Galesburg Sanitary District without notice, subject to the terms of any collective bargaining agreement that may apply to me.

Signature of Applicant

Date

**GALESBURG/KNOX COUNTY PUBLIC SAFETY
150 S. BROAD STREET
GALESBURG, IL 61401**

Office: 309 343-9151 Fax 309 343-1507

AUTHORITY FOR RELEASE OF INFORMATION ***

I, _____

Date of Birth: _____, DO HEREBY AUTHORIZE THE RELEASE OF INFORMATION FROM GALESBURG/KNOX COUNTY PUBLIC SAFETY STAFF AND SERVICES DIVISION RECORDS CONCERNING MY ARREST(S) AND CONVICTION(S) TO THE PERSON OR ORGANIZATION NAMED BY ME ON THE DATE AND TIME SPECIFIED.

I HEREBY RELEASE THE CITY OF GALESBURG AND THE GALESBURG POLICE DEPARTMENT, AS THE CUSTODIAN OF SUCH RECORDS, FROM ANY AND ALL LIABILITY FOR ANY DAMAGES OF WHATEVER KIND, WHICH MAY AT ANYTIME RESULT TO ME, MY HEIRS, FAMILY AND ASSOCIATES BECAUSE OF COMPLIANCE OR ATTEMPT TO COMPLY WITH THE AUTHORIZATION AND REQUEST TO RELEASE INFORMATION.

PERSON/ORGANIZATION: THE GALESBURG SANITARY DISTRICT

SOURCE OF IDENTIFICATION #1: _____

#2: _____

SIGNATURE: _____

*** this page only to be filled out at time of hire.