



**THE GALENA TERRITORY
ASSOCIATION, INC.**

2000 Territory Drive, Galena, IL 61036
815-777-2000

APPLICATION FOR EMPLOYMENT

The Galena Territory Association, Inc. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: ____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Social Security #: _____

APPLICANT QUESTIONS:

Type of work desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.?

Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

How were you referred to the GTA? _____

EDUCATION:

High School or last grade completed

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Do you have a high school diploma from the above school? _____

If not, do you have a GED or equivalent? _____

If so, where did you obtain it? _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Duties: _____
Reason for Leaving: _____

REFERENCES: (Do not include relatives)

Name	Years Known	Email address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with The Galena Territory Association, Inc. is at-will, meaning that I or The Galena Territory Association, Inc. may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize The Galena Territory Association, Inc. to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release The Galena Territory Association, Inc. and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that The Galena Territory Association, Inc. requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By _____

Name and Title

Date

NOTES

