



Believe in Us

EMPLOYMENT APPLICATION

RETURN TO:
Galena ARC
11084 W US Hwy 20
Galena, IL 61036

EQUAL OPPORTUNITY EMPLOYER—DRUG FREE WORK ENVIRONMENT

APPLICATION FOR

Title of Position:	Salary Expectations:
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APPLICANT INFORMATION

Last Name:	First:	M.I.:	Social Security #:
Mailing Address:		City:	State: Zip Code:
Home Phone ()		Cell Phone ()	E-mail:
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you possess a valid driver's license? (Only if required for position) <input type="checkbox"/> Yes <input type="checkbox"/> No Issuing State:	

Have you ever served in the U.S. Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:
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CRIMINAL CONVICTIONS (A non-job related conviction does not necessarily bar you from employment - WAC 162.12.140)

Have you been convicted by a court of a crime involving dishonesty or breach of trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

EDUCATION

Circle the highest grade completed: 8 9 10 11 12 <input type="checkbox"/> GED College 1 2 3 4 Major: Grad Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Education / Training Name & Location	Dates Attended	Major / Degree
HIGH SCHOOL			
COLLEGE			
POST GRADUATE			

LIST ANY SPECIALIZED TRAINING OR CERTIFICATES

IF THE POSITION REQUIRES COMPLETION OF SPECIFIC TRAINING INDICATE WHAT HAS BEEN COMPLETED.

EMPLOYMENT HISTORY

Company Name:	Dates Employed (Mo/Day/Yr) From: ____ / ____ / ____ To: ____ / ____ / ____ Average hours worked/wk: _____ Final Salary: \$ _____	Job Title:
Address:		Specified Duties:
Phone:		
Supervisor Name:		
Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name:	Dates Employed (Mo/Day/Yr) From: ____ / ____ / ____ To: ____ / ____ / ____ Average hours worked/wk: _____ Final Salary: \$ _____	Job Title:
Address:		Specified Duties:
Phone:		
Supervisor Name:		
Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name:	Dates Employed (Mo/Day/Yr) From: ____ / ____ / ____ To: ____ / ____ / ____ Average hours worked/wk: _____ Final Salary: \$ _____	Job Title:
Address:		Specified Duties:
Phone:		
Supervisor Name:		
Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name:	Dates Employed (Mo/Day/Yr) From: ____ / ____ / ____ To: ____ / ____ / ____ Average hours worked/wk: _____ Final Salary: \$ _____	Job Title:
Address:		Specified Duties:
Phone:		
Supervisor Name:		
Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL REFERENCES

Name:	Phone # :	Years known:	Occupation:
Name:	Phone # :	Years known:	Occupation:
Name:	Phone # :	Years known:	Occupation:
Name:	Phone # :	Years known:	Occupation:

AGREEMENT: All of the information I have provided in this application and in any attachments or supporting documents is true, correct, and Complete. I understand that if I have provided false or incomplete statements, it will be justification for termination or refusal of employment. I Understand that reference checks and/or job-related background checks may occur and I release the Galena ARC, all prior employers, all those that provide background information and all references (except as noted above) from any and all liability and/or damages for receiving or releasing Information. If a conditionals job offer is made, I agree I may be requested to undergo job-related medical examinations, inquiries and/or a drug/alcohol screening test, and understand that employment is contingent upon satisfactory outcome of those examination and inquiries.

Signature _____

Date _____