



APPLICATION FOR EMPLOYMENT
CITY OF GALAX
111 East Grayson Street
Galax, VA 24333

The City of Galax is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), marital status, physical or mental disability, veteran's status or genetic information.

Name _____ Date _____ DL# _____
Address _____ Position applying for _____
_____ Date Available _____ Salary Desired _____
_____ Full-time _____ Part-time _____ Hrs/Wk _____ Summer _____
Home/Cell Phone _____ Work Phone _____
Email _____

Are you currently employed? _____ Yes _____ No May we contact your current employer? _____ Yes _____ No

Have you previously worked for the City of Galax? _____ Yes _____ No From _____ to _____

Have you previously applied for employment with the City of Galax? _____ Yes _____ No

EDUCATION (Only job related education will be considered)

High School _____ Location _____ Diploma? _____ Yes _____ No

GED Equivalency Certificate? _____ Yes _____ No If no, number of years of school _____

College (Name/State) _____ Dates _____ Credits _____ Major/Minor _____ Degrees _____

Other schools or training, including trade, vocational or professional

U.S. MILITARY SERVICE

Branch _____ From _____ to _____ Separation Rank _____

Special training received while in service _____

Are you now in Military Reserve or National Guard? _____ Yes _____ No

Consistent with the requirements and obligations to protected classes under federal or state law, The City shall take into consideration or give preference to an individual's status as an honorably discharged veteran of the armed forces of the United States in its employment hiring policies and practices, provided that such veteran meets all of the knowledge, skills and eligibility requirements for the available position. Additional consideration shall also be given to veterans who have a service connected disability rating fixed by the United States Veterans Administration.

PROFESSIONAL REGISTRATION(S), CERTIFICATION(S), LICENSURE(S)

State _____ Number _____ Year Received _____ Date of Expiration _____

COMPUTER SKILLS

Are you comfortable using Microsoft Office Programs? _____ Yes _____ No

Please list your experience in using Microsoft Office Word and Excel programs:

If you have experience in any other specialized hardware or computer software programs, including but not limited to web site design, CAD, networking, database, photo-editing, graphic design, publishing, etc. please list that hardware or software and describe your experience:

If you have any certifications, please list them: _____

FOR APPLICANT WHO WILL OPERATE CITY OWNED VEHICLES ONLY: Are you 21 years or over? _____ Yes _____ No

Current License _____ State _____ Class _____ Exp. Date _____

Have you ever had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended? _____ Yes _____ No

If yes, explain: _____

Have you been involved in an accident during the past 3 years? _____ Yes _____ No

If yes, describe: _____

Have you been convicted of violations of motor vehicle laws or ordinances (other than parking) in the last 3 years? _____ Yes _____ No

If yes, describe: _____

Type of equipment used _____ trucks _____ truck tractors _____ short trailers _____ full trailers

Have you ever been denied a Medical Examiner's Certificate in accordance with the Motor Carrier Safety Regulations (40 CFR 39141 391490)?

_____ Yes _____ No Explain: _____

Please attach current driving record.

EMPLOYMENT HISTORY *(current first) Use additional paper if needed*
Truck Driver Applicants are required to provide 10 years employment.

Employer _____ Phone Number _____.

Address _____

Dates: Month/year _____ to month/year _____ Name of Supervisor _____ Title _____

Starting Position _____ Ending position. _____

Description of Duties: _____

Did you receive any discipline (warnings, suspension, discharge)? ____ yes ____ no

Describe facts and circumstances: _____

Reason for leaving: _____

Employer _____ Phone Number _____.

Address _____

Dates: Month/year _____ to month/year _____ Name of Supervisor _____ Title _____

Starting Position _____ Ending position. _____

Description of Duties: _____

Did you receive any discipline (warnings, suspension, discharge)? ____ yes ____ no

Describe facts and circumstances: _____

Reason for leaving: _____

Employer _____ Phone Number _____.

Address _____

Dates: Month/year _____ to month/year _____ Name of Supervisor _____ Title _____

Starting Position _____ Ending position. _____

Description of Duties: _____

Did you receive any discipline (warnings, suspension, discharge)? ____ yes ____ no

Describe facts and circumstances: _____

Reason for leaving: _____

PROFESSIONAL REFERENCES (non-related)

Name _____ Position _____
Present Company _____ Address _____
Phone Number _____ Association with you _____

Name _____ Position _____
Present Company _____ Address _____
Phone Number _____ Association with you _____

READ CAREFULLY BEFORE SIGNING

The City of Galax prohibits the use, sale, distribution, dispensation, manufacture, or possession of alcohol or a controlled substance on Company job sites, on Company property, or during working time and prohibits any employee from working for the City of Galax while under the influence of or impaired by alcohol or any controlled substance.

I understand and agree that I may be required to have one or more: physical exam, drug or alcohol test, TB screening, immunizations, any other necessary medical testing as a condition of hiring or continued employment. I agree to consent to take such test(s) at such times and with health care professionals designated by the Company and release the Company, its directors, officers, agents or employees and physicians administering tests and testing laboratories from any claim arising in connection with the use of such test(s). Positive results on drug and alcohol tests will result in ineligibility for employment or if hired, discipline up to and including discharge.

The information I have supplied on this application and by way of any oral statement is true and correct. I understand that any misstatements or misleading omissions will be considered sufficient cause for rejection as a candidate or for immediate discharge.

Receipt of this application does not mean that a job opening exists at the City of Galax and does not obligate the City in any way. This application is valid for 90 days.

I hereby authorize the City of Galax to investigate my background at any time. I release from liability any person or organization providing requested information to the City of Galax or their agents or agencies so designated.

I understand and agree that if hired by the City of Galax, my employment is for no definite period of time and may be terminated at will by either party without cause or prior notice, and that none of the Company's practices or policies are to be construed as imposing any binding obligations on the City of Galax and that they are subject to change and deletion at any time.

Under the Employee Polygraph Act of 1988, an employer may not require or demand any applicant for employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment.

I understand that, as a condition of any offer of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States. If documents are not produced within 3 days of date of hire, employment will terminate. I acknowledge that I have read and understand this agreement, and have signed this release voluntarily and of my own free will.

Date _____ Applicant Signature _____

If submitting electronically, please type your name in place of your signature.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the City of Galax to investigate my personal history, financial, and credit record through any investigative or credit agency of its choice. I understand that the City of Galax may obtain or prepare an investigative consumer report in connection with application for a job, promotion, or investigation of misconduct. I authorize any reference, school, hospital, doctor, former employer, or other person to disclose to the City of Galax upon request any information that they may have about me and I release them from all liability for disclosing such information to the City of Galax. I understand that I may make a written request for disclosure of the nature and scope of the investigation.

If submitting electronically, please type your name in place of your signature.

Date _____ Signature _____