



**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 \_\_\_\_\_

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**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 \_\_\_\_\_