



**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:

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

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

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

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**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR APPLICANT UNDER AGE 18**

**THE GALENA TERRITORY ASSOCIATION, INC.**

**DRUG POLICY ACKNOWLEDGMENT  
AND CONSENT FORM**

1. The Galena Territory Association recognizes the problems of substance abuse in society and in the workplace. By enacting a substance abuse policy and program, The Galena Territory Association hopes to combat the problems associated with substance abuse by creating a drug and alcohol free workplace.
2. The Galena Territory Association has established a testing program for illegal drug and controlled substances for all employees and will, in its sole discretion, determine and may at any time change the requirements, extent and frequency of employee testing.
3. The Galena Territory Association requires that every newly hired and rehired employee be free of illegal drug use and controlled substance abuse. Each offer of employment shall be conditioned upon the successful completion of a test for illegal drugs and controlled substances as prescribed by the Association. Any applicant who tests positive in the pre-employment drug test shall be rejected and shall be ineligible for hire unless the applicant adequately establishes a legal basis for the use of the drug or controlled substance with respect to which the applicant tested positive.
4. Whenever the Galena Territory Association has reasonable suspicion that an employee has used illegal drugs or engaged in controlled substance abuse, whether during working hours or nonworking hours, on or off Association premises, the Galena Territory Association may require the employee to submit a urine or other acceptable sample for testing, as prescribed by the Galena Territory Association.
5. The Galena Territory Association will afford applicants and employee subject to testing the opportunity prior to testing, to list all prescription and non-prescription drugs and controlled substances they have used and to explain the circumstances surrounding the use of such drug and controlled substances. Failure of any employee to establish adequately a legal basis for the use of any drug or controlled substance with respect to which the employee tests positive shall constitute a violation of this policy.
6. I agree to allow my minor child to be tested under the conditions outlined in the Galena Territory Association's Policy for a Drug and Alcohol Free Workplace. The Galena Territory Association agrees to notify me if my minor child tests positive.
7. The Galena Territory Association will give all employees who test positive the opportunity to explain in writing the test results. Failure of any employee to establish adequately a legal basis for the use of any drug or controlled substance with respect to which the employee tests positive shall constitute a violation of this policy.
8. The Galena Territory Association will establish and maintain any and all additional testing programs and requirements that may be necessary or appropriate to comply with applicable rules and regulations of all Government agencies.
9. I hereby authorize the release of test results to the Galena Territory Association's Medical Review Officer and authorize disclosure of the results by the Galena Territory Association's Medical Review Officer to a personnel representative, or a higher management staff member in accordance with the Galena Territory Association's policies and procedures. The Galena Territory Association's officers, employees, agents, and representatives may use such information in connection with Galena Territory Association business and for purposes of employment and disciplinary actions, and disclose it when required to Government agencies and to others upon valid legal requests, legal proceedings, and other situations to protect the interests of and otherwise in accordance with policies on employee data.

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Applicant/Employee

Date

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Parent/Legal Guardian

Date

**FOR APPLICANT OVER AGE 18**

**THE GALENA TERRITORY ASSOCIATION, INC.  
PRE-EMPLOYMENT DRUG TESTING POLICY**

All job applicants at this The Galena Territory Association, Inc. (company) will undergo screening for the presence of illegal drugs as a condition of employment. Applicants will be required to voluntarily submit to a drug test at a laboratory chosen by the company, and by signing a Consent Agreement, will release the company from liability. (Any applicant with positive test results will be denied employment.)

**The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the company will not tolerate.**

This policy statement is to be given out with all job applications.

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either refusal to submit to the drug test or failure to qualify according to the minimum standards established by the company for this test might disqualify me from further consideration for employment

I further understand that upon commencement of employment with the company, I may again be required to submit to a drug test at the discretion of the company. I understand that refusal to take a requested drug test or failure to meet the minimum standards set for the test may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Driver License Information:

State:

DL #

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