Applications can be emailed to galesburgcharlestonfd@gmail.com or dropped off at Galesburg City Hall or Charleston Township Offices



Galesburg-Charleston Fire Department

Employment Application

		Applican	t Inform	ation					
Full Name:	iull Name:					Date:			
Tuli Ivaliic.	Last	First			Middle	Date			
Address:									
, idd. 000.	Street Address					Apartment/Unit #			
	City				State	ZIP Code			
Phone:			Email						
Driver's Lice	ense #:			_	DOB:				
Date Available: Social Security No:				Desired Salary:					
Position App	olied for:								
Are you a citizen of the United States?				YES NO If no, are you authorized to work in the U.S.?					
Have you ever worked for this company?				when?_					
Have you ev	ver been convicted of a felc	YES NO							
If yes, expla	in:								
			ucation						
High School	:	Addres	ss:						
From:	To:	Did you graduat	YES	NO	Diploma::				
College:		Addres	ss:						
From:	To:	Did you graduat	YES	NO	Degree:				
Other:		Addres	ss:						
From:	To:	Did you graduat	YES e?	NO	Degree:				

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	Refe	rences			
Please list three pro	fessional references.				
Full Name:		Relationship:			
Componi				Phone:	
Address:					
Full Name:				Relationship:	
Campany				Phone:	
Address:					
Full Name:				Relationship:	
0				Phone:	
Address:				<u> </u>	
		Employmeı			
Commonw	T Tevious L	-mploymer		Dhana	
۸				Phone:	
Address:		Supervisor:			
Job Title:	Starting S	Ending Salary:			
Responsibilities:					
From:	To:	Reason fo	r Leaving:_		
May we contact your	previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:	
Responsibilities:					
From:	To:	Reason fo	r Leaving:_		
May we contact your	previous supervisor for a reference?	YES 🗆	NO 🗆		
Company:				Phone:	
۸				Supervisor:	
Job Title:	Starting S	Salarv: \$		Ending Salary:\$	

Responsibilities: _____ From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference? Military Service Branch: From:_____ To:____ Type of Discharge:____ Rank at Discharge: If other than honorable, explain: Disclaimer and Signature I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Signature: Date:____ Date of Hire/ Denial: Chief/ Designee Signature:

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Reason for denial: