

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applied for: _____ Today's Date _____

Name _____

Address: _____ City, State, ZIP _____

Phone: _____ Social Security # _____

Driver's license # _____

If you are under 18, can you furnish a work permit? Yes No

Have you ever been previously employed by the City of Fulton? Yes No

Are you legally eligible for employment in the U.S. Yes No

Are you able to meet the attendance requirements of this position? Yes No

Have you ever been convicted of a crime? Yes No

Do you have relatives employed by the City of Fulton? Yes No

If yes, please list their name and relationship to you _____

First date you are available to work _____

Type of employment desired:

Full-time, regular Full-time, temporary Part-time, regular
 Part-time, temporary Seasonal Internship

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did you Graduate?
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High School

College

Other

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept for several years, however, it will remain active for only 60 days. If I have not heard from the City of Fulton within 60 days of submitting this application and I become interested in an open position at a later time I understand that I must call the HR office and re-activate my application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law, this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

EMPLOYMENT HISTORY

Name of Employer _____ Dates of Employment _____

Address _____ Phone Number _____

Duties _____ Ending Wage _____

Name of Employer _____ Dates of _____
Employment _____

Address _____ Phone Number _____

Duties _____ Ending Wage _____

Name of Employer _____ Dates of _____
Employment _____

Address _____ Phone Number _____

Duties _____ Ending Wage _____

Name of Employer _____ Dates of _____
Employment _____

Address _____ Phone Number _____

Duties _____ Ending Wage _____

I REPRESENT AND WARRANT THAT I HAVE READ ALL THREE PAGES OF THIS APPLICATION AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

Signature of Applicant

Date