



Seasonal/PT 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 Human Resources.

What days are you available to work? (Circle all that apply)

Monday – Tuesday – Wednesday – Thursday – Friday – Saturday – Sunday

What hour of the day can you begin working? _____

Evenings only

Weekend days

Weekend evenings

Where would you prefer to work? - Please rank in order the top three departments you would like to work. Supervisors from these departments will interview the candidates they are most interested in. Human Resources can answer any questions.

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Are there any conflicts that will interfere with your work schedule? (camps, vacations, etc) _____

Date you can begin work: _____ How did you find out about this position? _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City, State, ZIP _____

Phone # _____ Cell/Alternate # _____

Are you under 16 years of age? Yes No

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

If yes, state dates of employment & department _____

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 felony? Yes No

If yes, please state the nature & date(s) of conviction _____

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

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

Driver's license type (Circle): Operators Chauffeurs Class B CDL Class A CDL

SKILLS AND QUALIFICATIONS - Summarize any training, skills, licenses, software 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?

High School

College

Other

EMPLOYMENT HISTORY (begin with current employer or most recent)

Name / Address / Phone # of Employer

Dates of Employment:

From

To

Ending Wage:

Position held / Duties:

Reason for Leaving:

Okay to Contact?

.....
Name / Address / Phone # of Employer

Dates of Employment:

From

To

Ending Wage:

Position held / Duties:

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Name / Address / Phone # of Employer

Dates of Employment:

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To

Ending Wage:

Position held / Duties:

Reason for Leaving:

Okay to Contact?

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 only remain active for the position to which I am applying and cannot be used for FT positions. 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 within the first three days of my employment. I REPRESENT AND WARRANT THAT I HAVE READ THIS APPLICATION AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

Signature of Applicant

Date