



## 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.

Position applied for: \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Alternate # \_\_\_\_\_

Are you under 18 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

Date you are available to begin work: \_\_\_\_\_

**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:

From 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. 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*