

City of Fulton Application For Employment

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Full Name

Address	City	State	Zip
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Phone Number	Driver's License No.	Email Address
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Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?
Yes No

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

If yes: What Department and reason for leaving:

How many of your relatives are employed by the City of Fulton?

Are you physically capable to do the job? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been release from a job? If so, explain:
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Position

Position You Are Applying For	Available Start Date
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Employment Desired
 Full Time Part Time Seasonal/Temporary

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone
1.			
2.			
3.			

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

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. I hereby waive any privilege I may have and agreed that the City or its agents, may thoroughly investigate and inquire into and examine any records concerning my credit, health, criminal records, character or school record.

Name (Please Print)	Signature
Date	