



# APPLICATION FOR EMPLOYMENT

Fulton County is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, sex, national origin, age, disability, genetic information, military status or other unlawful bias, except where such criteria constitutes a bona fide occupational requirement.

Even if you are submitting supplemental information with your application, all information on the Fulton County Application for Employment must be complete.  
Resumes may be submitted in addition to completing the application.

## Please Print

Position Applied For:	Date of Application:
Date Available for Work:	Desired Salary:

How did you hear about the position?

Advertisement: \_\_\_\_\_ Relative: \_\_\_\_\_ Website: \_\_\_\_\_ Friend: \_\_\_\_\_ Employment Agency: \_\_\_\_\_  
Other: \_\_\_\_\_

Type of Employment Desired: Full Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_

## Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you legally eligible for employment in the United States?  
Proof of Citizenship or Immigration Status will be required upon employment.

YES NO

If you are under 18, can you furnish a work permit?

YES NO

Do you have a valid driver's license?

YES NO

Are you able to meet all of the attendance requirements of this position?

YES NO

Are you able to work overtime if necessary?

YES NO

Will you travel if the position requires it?

YES NO

Do you have any friends/relatives currently employed by Fulton County?

YES NO If yes, who? \_\_\_\_\_

Have you ever submitted an application to Fulton County?

YES NO If Yes, when? \_\_\_\_\_

## Military Service

Are you a Veteran? YES NO If yes, what branch of service? \_\_\_\_\_

List Rank \_\_\_\_\_ Length of Service \_\_\_\_\_

### Education

	Name & Address of School	Years Completed	Diploma/ Degree Obtained	Course of Study
High School				
College or Trade School				
Graduate or Business School				

### Licenses, Registration, Certifications, and Special Skills

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

Driver's License- Check if CDL  State \_\_\_\_\_ License No \_\_\_\_\_ Expiration. Date \_\_\_\_\_

Other License/Certification (LISW, STNA, First Aid/CPR, Notary, etc.) \_\_\_\_\_

License/Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

List any special equipment or machines you can operate: \_\_\_\_\_

List computer software in which you have skills, including word processing, spreadsheets, and database programs. Please indicate the name of specific software: \_\_\_\_\_

List special clerical skills, including keyboarding and shorthand/speedwriting: \_\_\_\_\_

### Employment

Beginning with your most recent, list below present and past employment. All sections must be completed for each employer. Include additional employment history sheets to reference your complete work history.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary/Hourly: \$ \_\_\_\_\_ Ending Salary/Hourly: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES  NO

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary/Hourly: \$ \_\_\_\_\_ Ending Salary/Hourly: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES NO

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary/Hourly: \$ \_\_\_\_\_ Ending Salary/Hourly: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES NO

Have you ever been fired or asked to resign from a job? YES NO If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Related Information**

Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Applicant Statement and Signature**

*I certify that all information I have provided in order to apply for and obtain employment with Fulton County is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Fulton County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Fulton County the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Fulton County in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Fulton County, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Fulton County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.*

*I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with Fulton County is of an "at will" nature, which means that I am free to resign at any time and Fulton County reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Fulton County at any time. I understand that no representative of Fulton County is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority.*

#### **DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT**

*I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_