



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

APPLICATION FOR EMPLOYMENT

Personal Information

First Name		M.I.	Last Name	Suffix
Address		City	State	Zip
Phone Number	Email Address	Driver's License Number		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Position

Position You Are Applying For	Available Start Date	Desired Pay
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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

Employment History

Employer	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
City	State	Name of Supervisor

Job Duties

Reason for leaving?

Employer	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
City	State	Name of Supervisor

Job Duties

Reason for leaving?

Employer	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
City	State	Name of Supervisor

Job Duties

Reason for leaving?

Skills/Qualifications

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

Signature Disclaimer

- I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.
- I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the Town of Fulton creates an actual or implied contract of employment. I understand that, if I accept employment with the Town of Fulton, it will be on an at-will basis. This means that either the Town of Fulton or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.
- I agree to submit to drug and alcohol testing, if requested by the Town of Fulton. I release the Town of Fulton, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.
- I authorize the Town of Fulton to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release the Town of Fulton and its employees from all liability arising from such investigation.

Signature and Date

Name (please print)	Signature	Date

The Town of Fulton is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Town of Fulton depends solely on your qualifications.

