

FULTON COUNTY, ILLINOIS - APPLICATION FOR EMPLOYMENT

Fulton County considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

(Please Print)

Position(s) Applied for:	Date of Application:
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number (Voluntary)
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Best time to contact you at home is: _____:_____ AM or PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Have you ever been employed with us before? Yes No
If Yes, give date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally allowed to work in the United States? Yes No

Can you travel if a job requires it? Yes No

Do you have a reliable way to work? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Date available for work: ____/____/____

Are you available to work:

Full-Time (Please indicate shift: 1 2 3)

Part-Time (Please indicate: Morning Afternoon Evening)

Temporary (Please indicate dates available: ____/____/____ to ____/____/____)

EDUCATION

	Name and Address of School	Course of Study	Number of Years Complete	Diploma or Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. (You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.)

Employer	Work Performed	
Address		
Telephone Number(s)		
Job Title	Dates Employed	
	From	To
Reason for Leaving		

Employer	Work Performed	
Address		
Telephone Number(s)		
Job Title	Dates Employed	
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Reason for Leaving		

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Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability or other protected status.)

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check skills / Equipment operated)

- Computer
- Spreadsheet
- Multi-function copier
- Word Processing WPM _____

List Other

State any additional information you feel may be helpful to Fulton County in considering your application.

Note to Applicants: DO **NOT** ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ YES _____ NO

REFERENCES

1.		()	
	(Name)		(Phone #)		
					(Email Address)
	(Address)				
2.		()	
	(Name)		(Phone #)		
					(Email Address)
	(Address)				
3.		()	
	(Name)		(Phone #)		
					(Email Address)
	(Address)				

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire or, if I've been hired, for termination.

I authorize any of the persons or organizations referenced in this application to give you and any of them all information that is lawful and truthful concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such lawful and truthful information to you.

In consideration for my employment with Fulton County, I agree to conform to the rules and regulations of the County as set forth in the company's personnel manual and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or be added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I further acknowledge that if I am employed by the employer, my employment will be at will, and may be terminated with or without cause at any time by me or by the employer.

I understand that no representative of the County has any authority to enter into any agreement for employment for any specified period of time or to assure any benefits or terms and conditions or employment other than those set forth in the employee handbook, either prior to commencement of employment or after I have become employed.

I have read and understand the above information:

Name: (printed) _____

Signature: _____

Date: _____

FOR PERSONNEL DEPARTMENT ONLY		
Position(s) Applied for is Open:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position(s) Considered For:	_____	