

Employment History

Please list current or most recent employer first. If necessary, attach an additional page to the back of the application.

<u>Employer 1:</u>	Employed: From _____ To _____
Address:	Phone Number:
Job title:	Reason for leaving:
Rate of pay: Starting _____ Ending _____	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Supervisor:
Brief description of job duties:	

<u>Employer 2:</u>	Employed: From _____ To _____
Address:	Phone Number:
Job title:	Reason for leaving:
Rate of pay: Starting _____ Ending _____	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Supervisor:
Brief description of job duties:	

<u>Employer 3:</u>	Employed: From _____ To _____
Address:	Phone Number:
Job title:	Reason for leaving:
Rate of pay: Starting _____ Ending _____	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Supervisor:
Brief description of job duties:	

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed above, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include years of experience.)

- | | |
|--|--|
| <input type="checkbox"/> Word – Years: _____ | <input type="checkbox"/> E-mail – Years: _____ |
| <input type="checkbox"/> Excel – Years: _____ | <input type="checkbox"/> Internet – Years: _____ |
| <input type="checkbox"/> PowerPoint – Years: _____ | <input type="checkbox"/> Other _____ |

Educational Background

	SCHOOL NAME	ADDRESS	NUMBER OF YEARS ATTENDED	MAJOR	DEGREE Yes or No
HIGH SCHOOL					<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE					<input type="checkbox"/> Yes <input type="checkbox"/> No
TRADE SCHOOL					<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER					<input type="checkbox"/> Yes <input type="checkbox"/> No

References

List names and telephone numbers of three business/work associates, other than relatives, who we may contact as references. Previous supervisors are preferred.

NAME	COMPANY & POSITION	RELATIONSHIP TO YOU	TELEPHONE	# OF YEARS KNOWN

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

(Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any similarly protected status.)

Summarize Community Service work or leadership roles, as they relate to the position applied for:

Is there any other job-related information you want us to know about you?

Applicant Statement

I understand that my signature below indicates that all of the information contained in the Application and any attachments submitted to Fulton County is true, correct and complete to the best of my knowledge. My signature also acknowledges that any omission or false statements on the application and/or attached statement may result in rejection of my application or dismissal should I be employed by Fulton County.

I hereby authorize Fulton County to complete a Criminal Background check and thoroughly investigate my references, work records, education and other matters related to my suitability for employment and further authorize my current and former employers to disclose to Fulton County any and all personnel records and such other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Fulton County and any and all current and former employers, from any claims, demands or liability arising out of or in any way related to such investigation or disclosure.

I consent to take a pre-employment examination and/or drug test and such future physical examinations and/or drug tests, as may be required and are consistent with business necessity, by this institution/department at such times and places as the institution/department shall designate. If my employment involves the operation of a motor vehicle, I consent to the County requesting a copy of my motor vehicle record.

I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between myself and Fulton County. If any employment relationship is established, I understand that I have the right to terminate my employment at any time and that Fulton County retains a similar right, subject to any applicable collective bargaining agreement.

My signature certifies that I have read and agree with the above statements and that the information in the application is true, correct and complete.

Signature of Applicant

Date