

City of Fulton, Illinois

415 11th Avenue, Fulton, Illinois 61252 815-589-2616 www.cityoffulton.us

(Rev 10/23)
Office Use Only
Received Date:
Received By Initials:

EMPLOYMENT APPLICATION

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis including race, color, age, gender, religion, sexual preference, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

RESIDENCY REQUIREMENTS

Except as otherwise required by Illinois law, all City of Fulton employees and sworn personnel, as a condition of employment, shall reside within a thirty (30) mile radius of the City of Fulton corporate limits within three (3) months after completing their probationary period.

A Resume may be attached to **COMPLETED APPLICATIONS** and is encouraged.

Applications must be typed or in ink.

PERSONAL INFORMATION

Date of A	pplication:		
Name (Last, First, Middle):			
Address:	City:	State:	Zip Code:
E-Mail:			
Cell Phone:	Other	Phone Number:	
Do you hold a valid Driver's Licens	e? <u>Y</u> N State: _	Driver's License #	·
Driver's License Classification:	A B C D L M	Are you 16 years of a	age or older? YN
In the event of an emergency, who	should be notified Name	:	
Address:	City: State:	Zip:P	hone:
EMPLOYMENT DESIRED			
Position applying for:	Date yo	u can start	Salary Desired
Have you ever applied to or worke	ed for the City of Fulton?	<u>/ N</u> If yes, when? _	
Availability to work:Full-	ime Part-Time	Shift Work0	Overtime Summer Help
Are you currently employed?	Y N If, yes n	nay we contact current em	ployer? <u>Y</u> N

EDUCATION AND TRAINING

High School

ame	City/ State	Years Completed	Course of Study	Degree/ Diploma
ollege/ Unive	ersity			
ame	City/ State	Years Completed	Course of Study	Degree/ Diploma
ollege Unive	rsity			
ame	City/ State	Years Completed	Course of Study	Degree/ Diploma
ocational Sch	nool/ Specialized Train	ning		
ame	City/ State	Years Completed	Course of Study	Degree/ Diploma
onors Receiv	ed:			
ecial qualific	cations, skills, certifica	tions, etc.		
ımmarize an	y certifications, apprer	nticeships, and/or formal trai	ning received:	
_	held starting with you		e military service assignments n, disability, marital status, or necessary.	
			<u> </u>	
Employer:	:	Address:		
			Phone Numl	
Superviso	r and Title:		Phone Numl	oer:
Superviso Your Title:	r and Title:		Phone Numl	oer:

Employer:	Address:		
Supervisor and Title:		Phone Number:	
Your Title:		Dates of employment From:	To:
Duties:			
Full-Time Part-Time	e May we contact employer?	Reason for leaving:	
Employer:	Address:		
		Phone Number:	
		 Dates of employment From:	
Full-Time Part-Tim			
E	A.I.I		
		Dhana Numban	
		Phone Number:	
		_ Dates of employment From:	10:
	May we contest and supplement		
Full-Time Part-Time	e May we contact employer?	Reason for leaving:	
Employer:	Address:	:	
Supervisor and Title:		Phone Number:	
Your Title:		Dates of employment From:	To:
Duties:			
Full-Time Part-Time	e May we contact employer?	Reason for leaving:	
Employer:	Address:		
Supervisor and Title:		Phone Number:	
		_ Dates of employment From:	
Full-Time Part-Tim			

References

List five (5) **PERSONAL** references that the City of Fulton may contact. (no relatives please)

Name	Address	Phone	Relationship

Read Carefully Before Signing

I hereby certify that all statements in this application are true, accurate, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, and /or omissions of facts contained in this application (or any other supplemental documentation), may cause rejection of this application or any appointment to a position to be rescinded or result in immediate discharge, irrespective of the duration of employment. I hereby authorize the City of Fulton to contact any of the employers listed to verify my employment work record.

Also, I understand the City of Fulton will require me, within one year of employment, to reside within thirty (30) miles beyond the nearest existing city limits within three (3) months after completing their probationary period.

I understand that it may be necessary for me to pass a pre-employment physical that includes a physical exam and/or drug screen. The physical will be paid for by the City and will be performed by a physician and/or medical facility designated by the City. I understand that this application is not, nor is it intended to be, a contract of employment or a guarantee of any kind.

Signature	-	Date

Fulton City Hall 415 11th Avenue Fulton, IL 61252



Authorization to Release Information

READ CAREFULLY BEFORE SIGNING

As an applicant for a position with the City of Fulton, I certify that if the information given by me herein, or in a subsequent interview, is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge.

I authorize the use of any information in this application, or any other supplemental documentation, to verify my statements. I authorize the investigation of my past and present work, character, education, military, or police records to ascertain any and all information, which may be pertinent to my employment qualifications.

release all person(s), firms, agencies, and/or companies from liability and any damage resulting from such information.

Date

The release of any and all information about me is authorized, whether such information is of record or not. I do hereby

Signature	
O	

Print or Type Name