

City of Fulton, Illinois

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

EMPLOYMENT APPLICATION

(Revised 8/19/14)

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.

Applications must be typed or in ink

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ CELL: (____) _____

E-MAIL: _____

Position applying for: _____

If hired, when can you start work? _____

Have you ever applied to or worked for the City of Fulton? ____ If yes, when? _____

You are available to work: _____ Full-Time _____ Part-Time _____ Shift Work _____ Overtime

Do you hold a valid Driver's License? Yes ____ No ____ State _____

Driver's License # _____ License Classification (circle) A B C D L M or CDL

Have you ever been convicted of any crimes, other than minor traffic violations? Yes ____ No ____

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case *

*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

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EDUCATION

	Elementary	High School	College/University	Graduate/Professional
Circle years completed	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
School Name				
Location				
Diploma/Degree				
Course of Study				

Honors Received: _____

List of professional, trade, business or civic activities and offices held: _____

Summarize any special skills and qualifications acquired through employment or other experience: _____

Summarize any certifications, apprenticeships, and/or formal training received: _____

MILITARY

Are you a veteran of the U.S. Military? Yes _____ No _____ If yes, which branch? _____

Date entered: _____ Date Discharged: _____ (Please attach copy of DD Form 214)

FOREIGN LANGUAGES

What foreign languages do you speak, read, and/or write?

	Fluently	Good	Fair
Speak			
Read			
Write			

Do you have the ability to perform all tasks outlined within the job description for the position(s) for which you are applying (with or without a reasonable accommodation)? Yes _____ No _____

If hired, can you present evidence of your U. S. citizenship or proof of your legal right to live and work in the country? Yes _____ No _____

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EMPLOYER	JOB TITLE
Address	Job Duties
Telephone	
Supervisor	
Employment Dates	
	Reason for Leaving
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EMPLOYMENT HISTORY

Please list each job held. Start with your **PRESENT** or **LAST JOB**. Include military service assignments and volunteer activities. Use back of page for additional positions.

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Telephone	
Supervisor	
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REFERENCES

List three (3) *PERSONAL* references that the City of Fulton may contact (no relatives please).

NAME	ADDRESS	PHONE	RELATIONSHIP

May we contact your present employer? Yes _____ No _____

PLEASE READ AND SIGN BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of Fulton to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize my former employers to disclose to the City of Fulton any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the City of Fulton, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand and agree that I may be required to submit to a lie detector test or similar test as a prerequisite to employment with the City of Fulton or as a condition of continued employment if I am employed.

I understand that nothing contained in the application or conveyed during any interview which I may be granted is intended to create an employment contract between the City of Fulton and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that I may be terminated at any time with or without prior notice, at the option of the City of Fulton or myself. Furthermore, no promises or representation contrary to the foregoing are binding on the City of Fulton unless made in writing and signed by the City of Fulton and myself.

Signature of Applicant

Date