



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 Application: _____

Name (Last, First, Middle): _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail: _____

Cell Phone: _____ Other Phone Number: _____

Do you hold a valid Driver's License? Y N State: _____ Driver's License # _____

Driver's License Classification: A B C D L M Are you 16 years of age or older? Y N

In the event of an emergency, who should be notified Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

EMPLOYMENT DESIRED

Position applying for: _____ Date you can start _____ Salary Desired _____

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

Availability to work: _____ Full-Time _____ Part-Time _____ Shift Work _____ Overtime _____ Summer Help

Are you currently employed? Y N If, yes may we contact current employer? Y N

EDUCATION AND TRAINING

High School

Name	City/ State	Years Completed	Course of Study	Degree/ Diploma
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College/ University

Name	City/ State	Years Completed	Course of Study	Degree/ Diploma
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College University

Name	City/ State	Years Completed	Course of Study	Degree/ Diploma
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Vocational School/ Specialized Training

Name	City/ State	Years Completed	Course of Study	Degree/ Diploma
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Honors Received: _____

Special qualifications, skills, certifications, etc. _____

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

Employment Experience

List each job held starting with your present or last job. Include military service assignments and volunteer activities. Exclude groups that indicate race, color, religion, national origin, disability, marital status, or political affiliation. Attach additional pages if necessary.

Employer: _____	Address: _____		
Supervisor and Title: _____	Phone Number: _____		
Your Title: _____	Dates of employment From: _____ To: _____		
Duties: _____			
Full-Time	Part-Time	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 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 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 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 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 May we contact employer? Reason for leaving: _____

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.

The release of any and all information about me is authorized, whether such information is of record or not. I do hereby release all person(s), firms, agencies, and/or companies from liability and any damage resulting from such information.

Print or Type Name

Date

Signature