



EMPLOYMENT APPLICATION

County of Fulton

“Equal Opportunity Employer”

Business Office
116 West Market Street, Suite 200
McConnellsburg, Pa 17233
Phone: (717) 485-6874

www.co.fulton.pa.us

Applicants who require reasonable accommodations during the application or hiring process should contact the Department of Human Resources

Personal Information

Name _____

Last

First

MI

Address _____

Street

City

State

Zip Code

Home Phone _____ Cell Phone _____

Email Address _____ Today's Date _____

Position Applied for _____ Date Available for work _____

Referral Source (Please check and list the source):

Employee Referral _____ Website _____

Newspaper _____ Other Source _____

If necessary, best time to call you is: _____ Home Cell

If you are under 18 and it is required, can you furnish a work permit? Yes No N/A

Have you ever been employed here before? Yes No

If yes, give dates: From _____ To _____

Are you a U.S. citizen or otherwise legally authorized to work in the United States? Yes No

Proof of citizenship or legal authorization to work in the United States will be required upon employment.

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Type of employment desired: Full-time Part-time Temporary On-call/Occasional

Will you work overtime if required? Yes No

If applying for a position involving operation of a motor vehicle, do you hold a valid Driver's License? Yes No

Applicants for positions involving the operation of a motor vehicle will be required to submit to a Motor Vehicle Record Report.

Have you ever been convicted, or entered a plea of guilty or no contest, to (1) a felony or (2) misdemeanor that has not been sealed under the Pennsylvania Clean Slate Law?

Yes No

If you answered yes, please identify the violations that you were convicted of (not including any that have been sealed under the Pennsylvania Clean Slate Law) and provide the date and place (state, county and municipality) of your conviction. Conviction will not necessarily disqualify an applicant from employment.

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:	

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

If yes, please explain: _____

Are you requesting consideration of Veteran's Preference status? Yes No

If you are requesting Veteran's Preference, please submit a copy of your DD-214 and provide the following information:

Branch of the Armed Services: _____

Dates of Service: _____

Date of Discharge: _____

Type of Discharge: _____

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 and include years of experience

Word – Years: _____

Excel – Years: _____

PowerPoint – Years: _____

E-mail – Years: _____

Internet – Years: _____

Other _____

Educational Background

	SCHOOL NAME	ADDRESS	NUMBER OF YEARS ATTENDED	MAJOR	DEGREE (including GED) 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:

Do you have any other job related skills, knowledge, and training or experience that you want us to know about?

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 drug test and such future 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 I am extended a conditional offer of employment, I agree to take a pre-employment medical examination if required for the position I am seeking. 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