

EMPLOYMENT APPLICATION

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

www.co.fulton.pa.us

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		□ Web	site	
□ Newspaper		□ Othe	er Source	
If necessary, best time to call you is:	D Ho	ome 🗆 Cell		
If yes, give dates: From Are you legally eligible for employment in the Unit What is your desired salary range or hourly rate of	ted States?	□ Yes □ No	_	
Type of employment desired: Full-time Part	t-time 🏻 T	emporary □ On	-call/Occasional	
Will you work overtime if required? $\ \square$ Yes $\ \square$ No				
If applying for a position involving operation of a r Applicants for positions involving the operation of a mo				
Have you ever been convicted of a crime? "Crime' offenses, e.g. DWI/DUI and reckless driving, but do				
If "yes", please give offense(s) for which convicted	l, date of co	onviction and juris	sdiction.	
(Prior conviction will not automatically bar an app	licant from	employment wit	h the County.)	

Employment History

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

Employer 1:		Employed: From	То
Address:		Phone Number:	
Job title:		Reason for leaving:	
Rate of pay: Starting	Ending	May we contact this employer: Name of Supervisor:	□ Yes □ No
Brief description of job duties:			
Employer 2:		Employed: From	То
Address:		Phone Number:	
Job title:		Reason for leaving:	
Rate of pay: Starting	Ending	May we contact this employer: Name of Supervisor:	□ Yes □ No
Brief description of job duties:			
Employer 3:	_	Employed: From	То
Address:		Phone Number:	
Job title:		Reason for leaving:	
Rate of pay: Starting	Ending	May we contact this employer: Name of Supervisor:	□ Yes □ No
Brief description of job duties:			
Evoluin any game in travers and large	+ other than the !	a to parconal illa and interest at P	ability.
Explain any gaps in your employmen	t, other than those du	e to personal illness, injury or disa	ability.

If not addressed above, have you ever been fired or asked to resign from a job? \Box Yes \Box 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.) Word – Years: E-mail – Years: Excel – Years: Internet – Years: PowerPoint – Years: Other							
			Educationa	l Background			
	SCHOOL NA	AME	ADD	PRESS	NUMBER OF YEARS ATTENDED	MAJOR	DEGREE Yes or No
HIGH SCHOOL							□ Yes
COLLEGE							□ Yes
TRADE SCHOOL							□ No □ Yes □ No
OTHER							□ Yes
References							
	and telephone nur E. Previous supervis			ork associates, o	ther than re	atives, who we r	may contact as
	NAME	COMPAN	Y & POSITION	RELATIONSHI	P 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