

WORK EXPERIENCE:

DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. Complete all information requested. Describe in detail all duties performed which are relevant to the position for which you have applied. List most current employment first. A resume may be attached to supplement this information.

LENGTH OF EMPLOYMENT Mo./Year to Mo./Year		EMPLOYER	Address	City, State, Zip Code
Hours Worked Per Week	Earnings Per Hour \$	Duties		
Your Title				
Type of Business				
Name & Title of Supervisor				
Reason for Leaving				

LENGTH OF EMPLOYMENT Mo./Year to Mo./Year		EMPLOYER	Address	City, State, Zip Code
Hours Worked Per Week	Earnings Per Hour \$	Duties		
Your Title				
Type of Business				
Name & Title of Supervisor				
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Hours Worked Per Week	Earnings Per Hour \$	Duties		
Your Title				
Type of Business				
Name & Title of Supervisor				
Reason for Leaving				

ADDITIONAL SHEETS MAY BE ATTACHED. Sheets must contain ALL information on this form; e.g., Number of hours worked per week, etc.

WORK EXPERIENCE - CONTINUED

LENGTH OF EMPLOYMENT Mo./Year to Mo./Year	EMPLOYER	Address	City, State, Zip Code
Hours Worked Per Week	Earnings Per Hour \$	Duties	
Your Title			
Type of Business			
Name & Title of Supervisor			
Reason for Leaving			

VETERANS AND DISABLED VETERANS: If you have served in the Armed Forces of the U.S.A., in a designated time of war, and wish to claim additional examination credits, you must file a separate "Application for Veteran's Credit" form and provide appropriate military papers within ten (10) days following the date of the examination. Forms will be available at the examination site or you may request a form be mailed to you by making a check mark here. [] Please send an "Application for Veteran's Credit."

VOLUNTEER FIREFIGHTER: Do you currently serve as an active volunteer firefighter? NO YES
 If yes, where? _____ Beginning date of service _____

SPECIAL TESTING ARRANGEMENTS: Check below if you require special testing arrangements due to:
 Religious Observance Disability Alternate Date Needed [Attach an explanation of your testing needs on a separate sheet.]

REFERENCES:
 List the names of three individuals familiar with your abilities.

	Name	Address	Phone
1.			
2.			
3.			

CITY OF FULTON - AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the City of Fulton to provide for and promote the equal opportunity employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record.

STATEMENT:

I declare that all statements made in this application [and any accompanying attachments] are true and complete to the best of my knowledge. Any false statements made on this application or in subsequent interviews will result in immediate rejection or discharge from employment.

I authorize the City of Fulton to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials.

I understand that acceptance of this application for employment by the City of Fulton does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

DATE: _____ SIGNATURE: _____