

**APPLICATION FOR EMPLOYMENT
FULTON COUNTY PERSONNEL BOARD**

141 Pryor St., S.W.
Suite 3030

Atlanta, Georgia 30303
Telephone (404) 730-6700

FULTON COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

revised 4/2004

INSTRUCTIONS

The FULTON COUNTY PERSONNEL DEPARTMENT welcomes your application. **Type or print in ink.** This application is an important and essential part of the recruiting process. Please answer all questions completely and accurately. Any untrue or misleading answer or concealment of any fact will constitute grounds for no further consideration of this application or immediate discharge at any time during employment that such false or misleading statement or concealment of any fact becomes known. If more space is needed, attach additional sheet referring to applicable section of the application. You must complete this application even if a resume is attached. Failure to complete the entire application may result in disqualification or rejection.

THIS SECTION FOR PERSONNEL DEPARTMENT USE ONLY

Date Applied	D P I	Date Examined Or Rated	D P I	Rating	Date Entered On Register	D P I	Remarks & Subject To:

1. **POSITION APPLIED FOR:** Please identify position title and title code exactly. This application can bear only one (1) position title. Additional applications or complete copies of this application are welcome.

Position Title

Title Code

2. NAME: _____

Last

First

Middle

3. ADDRESS: _____

Number

Street

Apt.

City

State

ZIP

-

4. HOME TELEPHONE: () _____

5. BUSINESS TELEPHONE: () _____

Please answer the following questions. If a question has a "Yes" or "No" answer,

6. Are you now or have you ever been employed by Fulton County?
Yes No

7. Have you ever served on active duty with U.S. Armed Services?

Yes No

If yes, what branch _____

Highest rank attained _____

Type of discharge _____

(less than honorable discharges do not necessarily bar employment)

8. Was duty only as a reservist, where active duty was for six months or less?

Yes No

9. Position assignment may require possession of valid Georgia driver's license, class C or commercial (CDL) as required by assigned duties.

10. Give the name of any profession (Nursing, Medicine, Engineering, Law, etc.) which you are licensed to practice. Give date of issuance, expiration date, license number, and the state from which received.

11. If you did not graduate from high school, do you have a G.E.D. equivalent?

Yes No

12. Is G.E.D.: Military or Civilian (*circle one*)

13. EDUCATION

Are you a high school graduate? Yes No

Name of high school: _____ Location: _____

Colleges or Universities Attended and Location	Dates of Attendance		Hours Earned		Major	Degree level Received	Year Awarded
	From	To	Qtr.	Sem			
Business, Trade, Technical Schools and other Training	Dates of Attendance		No. of Hours Per Week		Certificates Received	Subject Taken	
	From	To					

The **Age Discrimination in Employment Act** prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

14. EMPLOYMENT RECORD

This is a highly important part of your application. Please read these instructions carefully before beginning. **Complete the entire section in detail.** From and to dates must be shown in **month/year format**. These entries will be utilized directly to calculate a rating for you. **A notation "See Resume/See Attached" is not acceptable** and will not be used for evaluation purposes. (1) Give a complete record of your employment, starting with your present or most recent position and working back to your first job. (2) Volunteer work may be counted, but you must list the word "volunteer" or "unpaid" in the salary space. (3) **For part-time work, volunteer work or work while in school, you must list the number of hours per week or percentage of a forty-hour week you worked.** (4) Attach additional sheets as necessary if there are not enough blocks to cover your entire work history.

Name of Employing Agency, Company or Institution: _____ Complete address/Phone: _____ Name and title of immediate supervisor: _____ Your job title: _____ Description of your duties and responsibilities: _____ _____ _____ _____	From _____ (month) _____ (year) To _____ (month) _____ (year) If part time or volunteer, number of hours/week _____ Salary \$ _____ Number of employees under your supervision _____ Your reason for leaving (be specific): _____ _____ _____
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Name of Employing Agency, Company or Institution: _____ Complete address/Phone: _____ Name and title of immediate supervisor: _____ Your job title: _____ Description of your duties and responsibilities: _____ _____ _____ _____	From _____ (month) _____ (year) To _____ (month) _____ (year) If part time or volunteer, number of hours/week _____ Salary \$ _____ Number of employees under your supervision _____ Your reason for leaving (be specific): _____ _____ _____
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Name _____

Name of Employing Agency, Company or Institution: _____	From _____ (month) _____ (year)
Complete address/Phone: _____	To _____ (month) _____ (year)
Name and title of immediate supervisor: _____	If part time or volunteer, number of hours/week _____
Your job title: _____	Salary \$ _____
Description of your duties and responsibilities: _____	Number of employees under your supervision _____
_____	Your reason for leaving (be specific): _____
_____	_____
_____	_____
_____	_____

Name of Employing Agency, Company or Institution: _____	From _____ (month) _____ (year)
Complete address/Phone: _____	To _____ (month) _____ (year)
Name and title of immediate supervisor: _____	If part time or volunteer, number of hours/week _____
Your job title: _____	Salary \$ _____
Description of your duties and responsibilities: _____	Number of employees under your supervision _____
_____	Your reason for leaving (be specific): _____
_____	_____
_____	_____
_____	_____

Name of Employing Agency, Company or Institution: _____	From _____ (month) _____ (year)
Complete address/Phone: _____	To _____ (month) _____ (year)
Name and title of immediate supervisor: _____	If part time or volunteer, number of hours/week _____
Your job title: _____	Salary \$ _____
Description of your duties and responsibilities: _____	Number of employees under your supervision _____
_____	Your reason for leaving (be specific): _____
_____	_____
_____	_____
_____	_____

Please place a circle around "Yes" or "No" as appropriate for the following question.

15. Have you ever been discharged or asked to resign from any position? Yes No If Yes, give details

Please place a circle around "Yes" or "No" as necessary to answer the following questions.

16. How much notice will you require to report to work? (That is, how much time will elapse between being offered employment and actually reporting to work.)

17. Are any members of your family or any relative (by blood or marriage) employed by Fulton County? Yes No If yes, give name, relationship, and where employed _____

18. Usually over a period of time the duties and responsibilities of a position will tend to change. This may arise from changes in technology, changes in the function of the department, or changes in the clientele group served by a department. Do you agree to accept material changes in the duties and responsibilities of your position if hired? Yes No

19. Certain positions with Fulton County require shift work, rotating shift work, some other departure from standard daytime operating hours or may require transfer to another location. If it is necessary of a position into which you are placed, would you accept these conditions? Yes No

20. Will you accept part-time work (contingent upon completion of fingerprint/records check)? Yes No If yes, indicate minimum percentage of full time you will accept. _____

21. The following questions have to do with violations of the law. A conviction for a violation does not automatically mean that you cannot be appointed. Give all pertinent facts so that a decision can be made. In answering the following items you may omit minor traffic violations.

1. Have you ever been convicted of an offense against the law Yes No

2. Have you ever been convicted of an offense against the law while in military service Yes No

3. Was any conviction pursuant to an adjudication in a juvenile court, a youthful offender act or first offenders act? Yes No

If the answer to any of the above questions is "yes," give details below. Show for each offense the date, charge, place, court, and action taken. Attach extra sheets if necessary.

22. List below the names and address of two (2) persons (not relatives or former employers) who have knowledge of your character and qualifications and whom we may contact:

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

23. Use this space for any additional remarks, or to complete or enlarge upon information given elsewhere in this application. You may attach additional sheets if necessary. Please indicate the number of the item in the application to which you are referring.

24. **CERTIFICATION:** (Please read the application and your answers careful before signing.)

I understand and certify that all information given in this application is true and correct to the best of my knowledge and belief. I understand that any untrue or misleading answer or concealment of any fact will constitute grounds for no further consideration of this application or immediate discharge at any time during employment that such false or misleading statement or concealment of any fact becomes known. I hereby authorize Fulton County to verify, at any time, any information contained in this application.

I hereby relinquish the right to my last paycheck and/or pension refund check until all debts have been satisfied for all lost equipment assigned to me and/or property damages created by me.

Fair Labor Standards Act Disclosure:

If employed in a non-exempt position, as a term and condition of employment in such a position with Fulton County, I agree that I will receive compensatory time instead of cash payment as provided by law. I also understand that when I leave the County, any accrued compensatory time will be paid in cash based on my regular rate of employment for the last 3 years or my final regular rate of employment, whichever is higher.

Signature _____ Date _____

It is the policy of Fulton County that there will be equal opportunity for every citizen, employee, and applicant based upon merit, without regard to race, color, religion, national origin, gender, age, disability or sexual orientation.

FULTON COUNTY PERSONNEL BOARD APPLICATION QUESTIONNAIRE

Please take a moment and let us know how you learned about our Job Vacancy Postings

Please place a check mark (✓) by any source used.

Newspapers

_____ Atlanta Journal-Constitution

_____ Job Line Recording

_____ Atlanta Daily World

_____ Fulton County Cable TV Channel

_____ Atlanta Inquirer

_____ Atlanta Voice

_____ Southern Voice

Web Site

_____ Mundo Hispanico

_____ Fulton County

_____ Neighbor Newspapers

_____ Other

_____ Other

Professional Publication:

Which one: _____

_____ County Employee

_____ Other Person

This information is solicited to facilitate Federal Reporting Requirements. Once entered into a Confidential Computerized Information System, the information is disassociated from your name and will not be used for employment purposes

RACE

SEX

DATE OF BIRTH

_____ White

_____ Male

MONTH - DAY - YEAR

_____ Black

_____ Female

_____ Hispanic

_____ Asian/Pacific Islander

_____ American Indian/Alaskan Native

SOCIAL SECURITY NUMBER (Number is required to add application to system)

_____ - _____ - _____

If you are recorded by previous employers under another name, such as maiden name or name on Social Security Card, please indicate name below:
