

OFFICE OF THE FULTON COUNTY ENGINEER

APPLICATION FOR PART TIME, TEMPORARY, ON CALL OR SEASONAL EMPLOYMENT

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, MAKE YOUR REQUEST AT THIS TIME.

We consider applicants for all positions without regard to race, color, religion, national origin, age, sex, martial status, handicap, disability or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for

Date of Application

Last Name

First Name

Middle Initial

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

Circle the correct answer:

If you are under 18, can you furnish a valid work permit?

Yes

No

Have you ever filed an application with us before?

Yes

No

If yes, give date _____

Have you ever been employed with us before?

Yes

No

If yes, give date _____

Are you currently employed?

Yes

No

If applying for a position requiring such,
Do you have a valid CDL?

Yes

No

Are you prevented from lawfully becoming employed in this
Country because of Visa or Immigration Status?

Yes

No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

What is the last day you would be able to work?

How many hours per week would you be available to work?

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain _____

We are an equal opportunity employer

Education (Please do not list dates)

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name & Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities:				
Describe any honors you have Received:				
State any additional information You feel may be helpful to us in Considering your application:				

List professional, trade, business or civic activities and offices held.

You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three references that are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job related training in the United States Military? Yes No
If yes, please describe _____

Can you perform the duties and responsibilities, with or without reasonable accommodation, of the position you are applying for? Yes No

If the answer to this question is yes, you may be asked to describe or demonstrate how you would perform this function with or without an accommodation.

Can you meet the attendance requirements of the position you are applying for? Yes No

Special Skills & Qualifications:

Summarize special job related skills and qualifications acquired from employment or other experience.

References may be required to evaluate applicant's qualification.

Acceptance of an application or resume does not constitute an offer of employment.

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, and handicap or other protected status.

Employer	From Dates employed	To
Address		
Telephone Number(s)	Starting \$ Hourly Rate/Salary	Final \$
Job Title	Supervisor	
Reason for Leaving		

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Address		
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Address		
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Job Title	Supervisor	
Reason for Leaving		

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

APPLICANT STATEMENT

Fulton County Ohio is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that prior to being offered employment, I may be required to complete necessary employment testing. In the event I have a disability, which will affect my ability to complete the testing, I will request **(prior to the administration of the test)** that a reasonable accommodation be made.

Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. I understand that I may be required to provide medical documentation concerning the need for the accommodation.

This application for employment shall be considered active for a period of time not to exceed 45 days. Applicants wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time and submit a new application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am also required to abide by all rules and regulations of the employer.

Signature of applicant

Date

Fulton County Engineer

Supplemental Nepotism Statement

I have no known relatives of business associates currently employed by Fulton County.

I have relatives or business associates currently employed by Fulton County and have listed them below:

Relatives or Business Associates

<u>Name</u>	<u>Relationship</u>	<u>Position</u>	<u>Department</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have no interest in any business which currently or has in the past done business with Fulton County.

I have business interests, which are or have been involved in county business and have listed them below:

Business Interests

<u>Name of Business</u>	<u>My Interest</u>	<u>Summary of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Date

VOLUNTARY AFFIRMATIVE ACTION INFORMATION
COMPLETION OF THIS INFORMATION IS VOLUNTARY.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap, disability or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

In an effort to comply with government record keeping, reporting and other legal requirements, periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all data records are kept in a confidential file and are not a part of your application for employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program.

Date _____

Applicant's Name _____

Address _____

City/State/Zip _____

Telephone _____ Social Security No. _____ / _____ / _____

Referral Source
_____ Advertisement _____ Employee _____ Relative _____ Walk In _____ School _____ Private Employment Agency
_____ Government Employment Agency

Position applied for _____

Check one _____ Male _____ Female

Check one of the following (Ethnic Origin)

_____ White _____ Hispanic _____ American Indian/Alaskan Native _____ Black _____ Other _____ Asian/Pacific Islander

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE.

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped/Disabled Individual

TO BE COMPLETED BY APPLICANT, NOT FOR INTERVIEW PURPOSES TO BE FILED SEPARATELY FROM APPLICATION. THIS INFORMATION IS USED TO SATISFY THE AFFIRMATIVE ACTION REQUIREMENT AND OTHERS NECESSITATED BY FEDERAL LAW OR REGULATIONS.

FOR PERSONNEL DEPARTMENT ONLY:

Position(s) applied for:

_____ Available _____ Not Available

_____ Available _____ Not Available

Other positions considered for _____

Hired _____ Yes _____ No Date of hire _____

Position Hired for: _____

EEO Classification

- | | | | | |
|------------------------------|--------------------------------|---------------|-------------------|--------------------|
| 1. Official/Manager | 2. Professional | 3. Technician | 4. Sales | 5. Office/Clerical |
| 6. Craft Worker
(Skilled) | 7. Operative
(Semi-skilled) | 8. Laborer | 9. Service Worker | |

Note:

Completed by:

Name/Title

Date