

# OFFICE OF THE FULTON COUNTY ENGINEER

## APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

DATE \_\_\_\_\_

### PERSONAL INFORMATION

#### NAME

Last

First

Middle

Social Security Number

#### ADDRESS

Street

City

State

Zip

Apartment Number

Phone Number

Are you 18 years or older?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No

Have you been convicted of a felony or misdemeanor within the last 5 years?  Yes  No

Describe \_\_\_\_\_

\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied for.

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

Yes

No

Are you currently on "lay-off" status and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

If required by your position, will you work overtime?

Yes

No

### EMPLOYMENT DESIRED

Position

Date you can start

Salary desired

Are you employed now?

If so may we inquire of your present employer?

Ever applied to this county before?

Where?

When?

Ever worked for this county before?

Where?

When?

Reason for Leaving?

**EDUCATION**

| School Level                            | Name & Location Of School | No. of Years Attended? | Did You Graduate? | Subjects Studied |
|---|---------------------------|------------------------|-------------------|------------------|
| Grammar School                          |                           |                        |                   |                  |
| High School                             |                           |                        |                   |                  |
| College                                 |                           |                        |                   |                  |
| Trade Business or Correspondence School |                           |                        |                   |                  |

**GENERAL**

Special Training

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Special Skills

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**FORMER EMPLOYERS (List below last three employers, starting with last one first)**

Name & Address of Present or Last Employer

Starting Date

Leaving Date

Weekly Starting Salary

Weekly Final Salary

Job Title

Description of Work

Name & Title of Supervisor

Phone Number

May we contact your Supervisor?

Name & Address of Present or Last Employer

Starting Date

Leaving Date

Weekly Starting Salary

Weekly Final Salary

Job Title

Description of Work

Name & Title of Supervisor

Phone Number

May we contact your Supervisor?

Name & Address of Present or Last Employer

Starting Date

Leaving Date

Weekly Starting Salary

Weekly Final Salary

Job Title

Description of Work

Name & Title of Supervisor

Phone Number

May we contact your Supervisor?

**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|------------------|
| 1    |         |          |                  |
| 2    |         |          |                  |
| 3    |         |          |                  |

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**SUPPLEMENTAL NEPOTISM STATEMENT**

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\_\_\_\_\_ 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**

| Name | Relationship | Position | Department |
|------|--------------|----------|------------|
|      |              |          |            |
|      |              |          |            |
|      |              |          |            |
|      |              |          |            |

\_\_\_\_\_ 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**

| Name of Business | My Interest | Summary of Services |
|------------------|-------------|---------------------|
|                  |             |                     |
|                  |             |                     |
|                  |             |                     |
|                  |             |                     |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**AUTHORIZATION**

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"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and , if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the employer's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the employer's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the employer."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR INTERVIEWER'S USE**

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Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Neatness \_\_\_\_\_ Character \_\_\_\_\_

Personality \_\_\_\_\_ Ability \_\_\_\_\_

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Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Position \_\_\_\_\_

Salary Wages \_\_\_\_\_ Will Report \_\_\_\_\_

Approved 1. \_\_\_\_\_ Date \_\_\_\_\_

Approved 2. \_\_\_\_\_ Date \_\_\_\_\_