



CITY OF FULTON DEPARTMENT OF PERSONNEL
141 South First Street, Fulton, NY 13069 | 315-593-2222

APPLICATION FOR EXAMINATION OR EMPLOYMENT

PRINT IN BLACK INK OR TYPE

ANSWER ALL QUESTIONS

Social Security Number:				-			-				
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NAME _____
Last First Middle

HOME ADDRESS _____
Number Street City State Zip

MAILING ADDRESS _____
[If different from above] Number Street City State Zip

HOME PHONE [] _____ **WORK** [] _____ **OTHER** [] _____

LEGAL RESIDENCE	NAME	YEARS	MONTHS	PLEASE CIRCLE SCHOOL DISTRICT IN WHICH YOU RESIDE
COUNTY OF				Hannibal Central Square Fulton Mexico Phoenix Pulaski
CITY, TOWN OR VILLAGE OF				Sandy Creek Oswego Altmar-Parish Williamstown
STATE OF				[Other] _____

Indicate Position Title [No Exam Required]	and/or	Indicate Exam Title [Announced Exam Only]	Indicate Exam Number	Fee Paid Office Use Only	Status Office Use Only
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EMPLOYMENT PREFERENCES: Please check the type of work you would be willing to accept.

FULL TIME PART TIME TEMPORARY

PLEASE CHECK THOSE AGENCIES IN WHICH YOU WOULD BE WILLING TO ACCEPT WORK.

CITY SCHOOL DISTRICT LIBRARY HOUSING AUTHORITY

LEVEL OF EDUCATION:

HIGH SCHOOL ASSOCIATE BACHELOR MASTER DOCTORATE

EDUCATION: List Name Below	(Optional) From-To (mo. & yr.)	Major & Minor	Type of Degree or Diploma	Credits Received	(Optional) Date Expecting Degree or Diploma
HIGH SCHOOL OR GED			(IF GED INCLUDE NO.)		
COLLEGE					
GRADUATE SCHOOL OR OTHER EDUCATION					

PLEASE LIST MORE RELEVANT COURSE WORK:

NAME OF COURSE	DIVISION	CREDIT HRS.	NAME OF COURSE	DIVISION	CREDIT HRS.

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:

Skill, Trade or Profession	License or Certificate Number	Issued By: [Name of City, State or Agency]	License Dates [Mo./Day/Yr.]		Permanent	
			From	To	Yes	No

DRIVER'S LICENSE INFORMATION:	HIGHER EDUCATION INFORMATION:
<p>_____ None</p> <p>_____ Out of State _____ (Indicate State)</p> <p>_____ New York State</p> <p>Motorist I.D. # _____</p> <p>Class _____ Restrictions _____</p> <p>Endorsements _____</p>	<p>Section 50-b of NYS Civil Service Law required that all applicants for examination be asked the following:</p> <p>Do you have an outstanding N.Y.S. guaranteed student loans?</p> <p>_____ No _____ Yes</p> <p>If yes, are you currently in default on any such loan?</p> <p>_____ No _____ Yes</p>

Have you ever been convicted of a violation of law? _____ *YES _____ NO [Omit parking or speeding violations assigned a fine of \$50 or less and any offense adjudicated in Juvenile Court or under a youthful offender law.] Convictions will not necessarily disqualify you from employment.

***IF YES, YOU MUST ATTACH A LIST OF VIOLATIONS WITH DATES AND PENALTIES ON A SEPARATE SHEET OF PAPER.**

Have you ever been discharged from employment for other than lack of work or funds? _____ *YES _____ NO

***IF YES, YOU MUST ATTACH AN EXPLANATION OF EACH DISCHARGE ON A SEPARATE SHEET OF PAPER.**

Are you under age 18? _____ *YES _____ NO *If yes, you will be required to supply a work permit.

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		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		Duties	
Your Title			
Type of Business			
Name & Title of Supervisor			
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LENGTH OF EMPLOYMENT Mo./Year to Mo./Year	EMPLOYER	Address	City, State, Zip Code
Hours Worked Per Week		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	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 examination. Forms will be available at the examination site or you may request a form to 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 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.

E-signature: I agree that these electronic signatures and initials will be the electronic representation of my signature and initials for all purposes when I use them on this document - just the same as a pen-and-paper signature or initial. Initial: _____

DATE: _____ Signature(Full Name): _____