

# Application for Employment



**Town of Fulton**  
**P O Box 1130**  
**Fulton, TX 78358**

**Phone: (361) 729-5533**  
**Fax: (361) 729-7029**

**citysec@fultontexas.org**  
**fultontexas.org**

The Town of Fulton is an equal opportunity employer. The Town strives to comply with state and federal laws regarding discrimination based on race, creed, color, sex, religion, national origin, age, disability, veteran status or political affiliation. In addition, the Town of Fulton complies with all other state and local laws prohibiting discrimination in those areas where such laws apply. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of a job.

If you need an accommodation during any phase of the application, interview, or employment process or any pre-employment testing, please notify City Secretary at (361) 729-5533 and every reasonable effort will be made to accommodate your needs in a timely manner. All applications submitted will be applicable only for the specific position being applied for and will remain on an "active" status until that vacancy has been filled.

Applicant Information			
Date:	Applicant Name:	Other Last Names Used (If any):	
Physical Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Cell Phone:	Other Phone:	E-mail:	
Social Security No.:	Driver License No./Identification Card No.:	State Issued:	

Position Information	
Position Applied For:	Date you are available to start work:
What type of employment are you willing to accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
How did you learn about us and/or the position for which you applied? Place a check next to the appropriate choice. <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Town website <input type="checkbox"/> _____ Other: _____	

General Information	
Are you under 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please provide birth date: _____
Are you authorized to work in the United States on an unrestricted basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for the Town before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide date(s) and department: _____	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, explain: _____

**Work History**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ per/ \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Position: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ per/ \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ per/ \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Position: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ per/ \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

See attached resume for additional employment history.

**Professional References**

Please list the name, e-mail, phone, and occupation of three (3) professional references not related to you. Professional references are individuals qualified to describe your capabilities for the position you seek.

Name	E-mail	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment Eligibility Verification USCIS Form I-9 Notice**

The Immigration Reform and Control Act of 1986 requires employers to verify the citizenship, or authorization to work in the United States, on all individuals since November 6, 1986. Documentation is required no later than three days from employment commencement. It is the employee's responsibility to assure the Human Resources Department receives the appropriate documentation.

I acknowledge that I have read the above Employment Eligibility Verification USCIS Form I-9 Notice.

**New Hire Reporting Notice**

Federal and state law requires employers to provide information about all new or rehired workers to the Employer New Hire Reporting Operations Center in the Texas Office of the Attorney General. New hire reporting is mandated by federal law under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and requires employers to report information that includes new employee's name, address, social security number, date of birth, salary information, and other work information. The State of Texas New Hire Program helps state agencies detect and prevent fraud, recover overpayments, and enables the Office of the Attorney General to locate noncustodial parents for child support.

I acknowledge that I have read the above New Hire Reporting Notice.

**Certification**

I hereby certify that answers given herein are true and complete to the best of my knowledge and agree that if employed, any misrepresentation, falsification or omissions of facts thereon shall justify my dismissal.

I hereby authorize the Town of Fulton to fully investigate my record and work qualifications either before or after my employment by the Town of Fulton, and to facilitate such investigation. I also hereby authorize any persons, office, agency or source, having information and knowledge about my personal, employment, military, educational, driving record, criminal, credit or financial history; prior work related injury information, physical screening, drug screening and other related matters as may be necessary in arriving at an employment decision to furnish and release such information to the Town of Fulton. I hereby release employers, schools, agencies, or persons from all liability in responding to inquiries in connection with my application.

I understand that additional testing of job-related skills and drug screening may be required prior to employment after a contingent job offer of employment, and prior to reporting to work. Depending on the needs of the job, I may be required to be examined by a medical professional designated by the Town to determine my ability to perform the essential functions of the job, with or without reasonable accommodation.

In submitting this application, I understand that it becomes the property of the Town of Fulton and will not be returned. I hereby understand and acknowledge that any employment relationship with the Town is of an "at will" nature; which means any employee may resign at any time and the Town may discharge any employee at any time with or without cause.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date