



## APPLICATION FOR EMPLOYMENT

**Fulton County Processing** is an Equal Opportunity Employer. It is the policy of **Fulton County Processing** to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital or familial status, height, weight, disability or handicap.

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

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
*first middle last*

Present Address: \_\_\_\_\_  
*street city state zip code*

Phone Number: \_\_\_\_\_ Are you 18 years or older?    yes    no

### EMPLOYMENT INFORMATION

Position Applying For: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Wage/Salary Desired: \_\_\_\_\_

Who referred you to our company? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Have you applied to our company before? \_\_\_\_\_ When? \_\_\_\_\_

Have you worked at our company before? \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving us: \_\_\_\_\_

### EDUCATION

Circle last grade completed:    1    2    3    4    5    6    7    8    9    10    11    12

Circle one:    High School    or    GED    Date of Diploma: \_\_\_\_\_

Name of  
High School: \_\_\_\_\_ State: \_\_\_\_\_

Schools Attended  
(other than High School)

State

Course Studied or Major

Date of Degree

\_\_\_\_\_

\_\_\_\_\_

Subjects of Special Study or Research Work: \_\_\_\_\_

Special Training: \_\_\_\_\_

## MILITARY HISTORY

*\*(Armed forces of the United States or State Militia Only)*

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Special Training Received: \_\_\_\_\_

## EMPLOYMENT HISTORY

List below all present and past employment *beginning with the most recent:*

**COMPANY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

<b>REFERENCES</b>
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Please provide the names of 3 persons not related to you, who have known you for more than 1 year (*please print*):

1)

_____	_____
name	phone
_____	_____
address	state zip

2)

_____	_____
name	phone
_____	_____
address	state zip

3)

_____	_____
name	phone
_____	_____
address	state zip

<b>APPLICANT SIGNATURE</b>
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I certify that the information given by me in this application is true, accurate and complete. I understand that if I have given any false information on this application, or if I have omitted any material facts, I may be disqualified from employment with this company, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations.

I understand and agree that my employment and compensation are for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the company, with or without cause, and without any previous notice. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no Company employee nor representative, other than its President, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representation or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the President of the Company. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Company are expressly superseded by the foregoing.

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

<b>CONTROLLED SUBSTANCE SCREEN RELEASE FORM</b>
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I, \_\_\_\_\_ hereby voluntarily consent to participate in a  
*(please print your full name)*  
controlled substance screening test as part of my employment physical examination with Fulton County Processing.  
I understand that the results of this controlled substance screening analysis may have an impact on my selection for  
employment and that the results of this test shall remain confidential between Fulton County Processing, and me. In  
the event I refuse to participate I will not be eligible for employment at Fulton County Processing. If the test result  
is positive I may not be eligible for employment at Fulton County Processing.  
I also understand random screening is done on all employees throughout the duration of employment with Fulton  
County Processing.

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

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

<b>AUTHORIZATION FOR REFERENCE CHECKS</b>
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**Please read the following statement carefully before signing to indicate your understanding.**

I authorize an investigation of all matters concerning my past employment, work as an independent contractor, credit, character or other activities; and the issuance of any information by any person, company or corporation with respect to any of the above, including statements which may be furnished or obtained concerning my background at any time. I release from any and all liability and responsibility all persons, companies and corporations supplying such information and FCP's agents in obtaining the same. I understand that I may be required to authorize FCP to obtain a consumer report or investigative consumer report, in accordance with applicable law, which authorization is contained in a separate document.

I understand that if employed, I will be required to abide by all the rules, and regulations of FCP including applicable safety rules, and I agree to use such protective clothing and devices as may be required by FCP.

Print Name: \_\_\_\_\_

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

**Submit Form**