

APPLICATION FOR EMPLOYMENT

Fulton County Center for Career & Technology

145 East Cherry Street
McConnellsburg, PA 17233
717-485-5813

NAME _____

DATE _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

APPLICATION FOR EMPLOYMENT

Date: _____

Position Applied For: _____

Fulton County Center for Career & Technology

We believe in the principles of equal opportunity and fully intend to fulfill our obligations. No person seeking employment with us shall be subject to either adverse or preferential treatment on the basis of race, color, religion, sex, age, national origin or handicap.

Name _____
Last First Middle

Present Address _____
No. Street City State Zip Code

Telephone Number _____

How did you learn of this opening? _____

Have you worked for us before? _____ If yes, when? _____

Do you want to work _____ Full-Time or _____ Part-Time? If part-time, specify
days and hours _____

If hired, when will you be available for work? _____

EDUCATION

	Name and Address of School	Circle Last Year Completed	Graduated (Yes/No)	Degree	Major
Elementary		6 7 8 9			
High School		10 11 12			
College		1 2 3 4			
Other					

Explain any additional schooling or specialized training not covered above _____

MILITARY SERVICE

Branch	From Mo./Yr.	To Mo./Yr.	Rank At Separation	Duties or Specialty

Have you ever had any schooling under the G.I. Bill of Rights? _____

If yes, please describe _____

PERSONAL REFERENCES (excluding former employers or relatives)

NAME	ADDRESS	TELEPHONE NUMBER

EMPLOYMENT HISTORY (List in order with last to present employer first.)

A. Name of Company B. Street Address C. City and State	Dates Employed <hr/> Month Year	Position and Salary	A. Name of Supervisor B. Supervisor's Title C. Reason for Leaving
A. B. C.	From To	Position Last Salary	A. B. C.
A. B. C.	From To	Position Last Salary	A. B. C.
A. B. C.	From To	Position Last Salary	A. B. C.

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact.

APPLICANT PLEASE READ:

I certify that all statements on this application are complete and correct to the best of my knowledge and I understand that any false information may cause for rejection of my application for employment or discharge from my employment.

Signature of Applicant

Date

SEND APPLICATION TO:

**Dani Brady, Business Manager
FCCCT
145 East Cherry Street
McConnellsburg, PA 17233**

APPLICANT - DO NOT WRITE ON THIS PAGE

INTERVIEWS

Interviewer	Date	Comments

TEST RESULTS

Tests Administered	Date	Raw Score	Rating	Interpretation and Comments

REFERENCE CHECKS

Reference	Person Checking Reference	Comments

Accepted for employment? _____ Yes _____ No

If yes: Starting Rate _____ per _____; Starting Date _____; Shift _____

Position _____ Dept. _____ I.D. No. _____

Employed by _____ Approved by _____

If no: Should applicant be considered for future openings? _____ Yes _____ No

Explain _____