



An Equal Opportunity Employer

Application For Employment

PRINT NAME (First, Middle, Last)			SSN		DATE	
STREET ADDRESS (No. & Street)			CITY		STATE	ZIP
HOME PHONE			WORK PHONE		18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO...AGE:	
POSITION DESIRED			SALARY REQUIREMENTS			

Have you ever been convicted of a felony? YES NO If YES, please explain:

PERSONAL

PERSONAL REFERENCES	Name	Phone Number	Address	Relationship	Years Known
1.					
2.					

Have you ever been employed by Fulton or a predecessor company? YES NO If YES, please provide dates & location:

Names of relatives and friends working at Fulton

REFERRED BY

FAVORITE HOBBIES

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED BELOW	NAME	LOCATION	COURSE / DEGREE	GRAD. YR.
GRADE SCHOOL 1 2 3 4 5 6 7 8				
HIGH SCHOOL 9 10 11 12				
COLLEGE OR INSTITUTE 1 2 3 4				
GRADUATE SCHOOL 1 2 3 4				
OTHER TRAINING OR SKILLS (Including Military)				

MILITARY

BRANCH		OCCUPATION SPECIALTY		
DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE		FINAL RANK

JOB SKILLS

KIND	YRS. TRAIN	YRS. EXP.	KIND	YRS. TRAIN	YRS. EXP.	KIND	YRS. TRAIN	YRS. EXP.
ASSEMBLER			FORK TRUCK OPERATOR			RECEIVING / SHIPPING		
ACCOUNTING			JANITOR			SALES		
CARPENTER			LABORER			SCREW MACHINE - AUTO-BAR		
CLERICAL - OFFICE			MARKETING			SCREW MACHINE - CHUCKER		
CLERICAL - STOCKROOM			MATERIAL HANDLER			SHEET METAL		
COMPUTER			MILLWRIGHT			STEEL CUTTING		
DESIGN - GRAPHIC			PAINTER			TURRET / ENGINE LATHE		
DESIGN - WEB			PLUMBER			WELDER		
DRAFTING			QUALITY CONTROL					
ELECTRICIAN			PUNCH PRESS					

EMPLOYMENT HISTORY

May we contact your present employer? YES NO

A RESUME MAY BE ATTACHED AS A SUPPLEMENT BUT NOT IN LIEU OF THIS SECTION

List your last four employers starting with the current or most recent and working back.

1. Present or Last Employer

____ From: (Date MM,YYYY) _____ to _____
Address: _____ Phone: _____
Position Held: _____ Supervisor: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
Reason for Leaving: _____

2. Previous Employer

____ From: (Date MM,YYYY) _____ to _____
Address: _____ Phone: _____
Position Held: _____ Supervisor: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
Reason for Leaving: _____

3. Previous Employer

____ From: (Date MM,YYYY) _____ to _____
Address: _____ Phone: _____
Position Held: _____ Supervisor: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
Reason for Leaving: _____

4. Previous Employer

____ From: (Date MM,YYYY) _____ to _____
Address: _____ Phone: _____
Position Held: _____ Supervisor: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
Reason for Leaving: _____

APPLICANT'S STATEMENT AND AGREEMENT

I authorize Fulton to verify all statements contained in this application for employment and to make any necessary reference checks except as limited above for present employer.

I understand employment is contingent upon successfully passing the Company's physical examination and do not object to taking a physical examination at the Company's expense.

I understand that any misrepresentation, falsification or willful omission of information contained in this application or in connection with any physical examination shall be sufficient reason for refusal of or dismissal from employment.

I understand that this employment application and any related Company documents are not contracts of employment and that, if I am hired, I may voluntarily leave employment at any time for any reason, and, likewise, the Company may terminate employment at any time for any reason. Any representations to the contrary in any related Company document or by any representative of the Company should not be relied upon or be construed as Company policy.

Signature of Applicant Date

Additional Remarks: _____

Interviewer's Comments: _____

Interviewer's Signature & Date: